

STANDARD FORM 64
Revised 1963
GPO: 1964 O - 350-000
U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C. 20540

SECRET

Official Personnel Folder

SECRET

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(When Filled In)

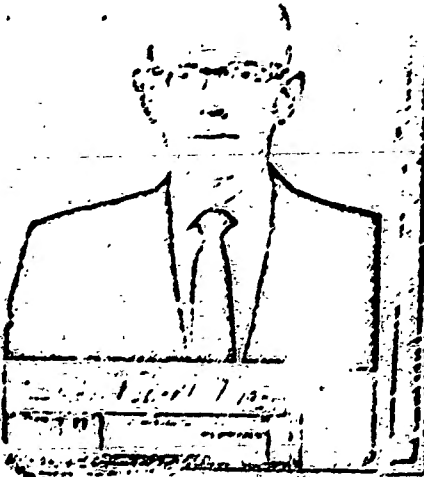
1. PASS. SERIAL NO.		B. BIOGRAPHIC PROFILE (PART I) CDD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SEX		4. DATE OF BIRTH	5. LONGEVITY EXP. DATE
SWW, Robert Tylor		M		18 Jun 1925	8 Mar 1949
6. MARITAL STATUS	7. DEPENDENT(S) (Include own spouse)	8. NO. YEARS OF MARRIAGE		9. US NATURALIZATION DATE(S)	
Married		3 1927 1955 1955		NA NA NA	
10. CANCELED STATE	11. MEMBERSHIP	12. OTHER STATUS		13. LAST REG. DPT. DUALITY FOR	
NA	5-1 1954			1954 1955 1955 1955	
14. CURRENT RESERVE STATUS	15. GRADE	16. SERVICE DUTY WITH CIA (CST-1)		17. RELEASE TO MIL. SER. (CST-2)	
0 X					
18. ASSESSMENT DATE		19. PROFESSIONAL TEST DATE		20. LANGUAGE APTITUDE TEST DATE	
Jul 1947		None		None	
21. NON-CIA EDUCATION					
22. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
23. AGENCY SPONSORED TRAINING		1965-66 Mod Supv Pract/USDN			
		1966 CES Sem (Continued)			
24. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personal Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Mar 1948	I.O. (Trainee)	0132.06	5		
May 1948	"	0132.06	7		
Nov 1948	Reports Off	0132.53	7		
Dec 1949	I.O. Reports	0132.58	7	CCC/FBI/Venezuela Sta	Caracas
Aug 1950	I.O. (Ops)	0132.06	9		
Jun 1952	Ops Off	0136.01	11		
Apr 1954	Area Ops Off	0136.01	12		
Aug 1954	I.O. (PI)	0136.51	12	DI	
May 1956	Area Ops Off	0136.01	12	DI	DDP/MH-3/Mexico Sta/COS Nogales
Feb 1957	" " "	0136.01	13	DI	" " " " " "
Aug 1959	Instructor Ops	1711.50	13	DI	
Dec 1961	" " "	1711.50	14	D	
Jan 1963	Ops Off	0136.01	14	D	
Apr 1963	" " "	0136.01	14	D	DDP/MH-3/Mexico Sta Mexico City
Sep 1964	Chief of Station	0136.05	15	D	DDP/MH-2/Nicaragua Sta Managua
Sep 1968	Chief of Station	0136.05	15	D	" " " " " "
Sep 1970	Chief of Station	0136.05	15	D	DDP/MH-2/Honduras Sta/COS Tegucigalpa
Oct 1972	" " "	0136.01	15	D	
Mar 1973	" " "	0136.01	15	D	
Dec 1973	" " "	0136.01	15	D	
25. DATE REVIEWED		26. PROFILE REVIEWED BY		27. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE	
20 Jan 1976		hms' cml		31 Aug 1959	

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(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)																							
NAME (Last-First-Middle) CUMMINGS, Robert Taylor							DATE OF BIRTH 10 Jan 1928																		
<p>1st Lt USMC, 1st Marine Division, 1951-1952 1st Lt USMC, 1st Marine Division, 1952-1953</p>																									
<p>10. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personal Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>POSITION TITLE & OCCUPATIONAL CODE</th> <th>GRADE</th> <th>RD</th> <th>ORGANIZATION & LOGAN, TITLE (if any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td>Apr 1975</td> <td>Ops Off Ch 0136.01</td> <td>16</td> <td>DYB</td> <td>DNO/LA/Ch, Plans Programs Stf</td> <td>Hq</td> </tr> <tr> <td>Aug 1975</td> <td>Ops Officer 0136.01</td> <td>16</td> <td>DYB</td> <td>DDO/LA/Dev/Comp Training</td> <td>"</td> </tr> </tbody> </table>								EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & LOGAN, TITLE (if any)	LOCATION	Apr 1975	Ops Off Ch 0136.01	16	DYB	DNO/LA/Ch, Plans Programs Stf	Hq	Aug 1975	Ops Officer 0136.01	16	DYB	DDO/LA/Dev/Comp Training	"
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & LOGAN, TITLE (if any)	LOCATION																				
Apr 1975	Ops Off Ch 0136.01	16	DYB	DNO/LA/Ch, Plans Programs Stf	Hq																				
Aug 1975	Ops Officer 0136.01	16	DYB	DDO/LA/Dev/Comp Training	"																				
DATE REVIEWED 20 Feb 1976		PROFILE REVIEWED BY Dum/al																							

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(When Filled In)

PERS. SERIAL NO. 055195		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SHAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED			
26. ADDITIONAL INFORMATION <p>Appreciation 1953 from the [redacted] for invaluable services rendered during trip to Nogales.</p> <p>Appreciation 1953 from R.F. Cartwright for assistance on survey trip along the California Gulf Coast.</p> <p>Commendation 1959 from the [redacted] for outstanding performance of duty while stationed in Mexico.</p> <p>Award 1955 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."</p> <p>Award 1974 of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.</p>			
27. DATE REVIEWED 20 Jan 1976		28. PROFILE REVIEWED BY hmc/col	
		E 2 IMPDET 01 27 01022	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DA. 19 March 1973	FILE NO. 734
X TO: (Check)	X	CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				DISCONTINUED	
SUBJECT: SHAW, Robert T.			UNIT: [REDACTED]		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
X	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
	X	BASIC COVER PROVIDED EFFECTIVE DATE EOD		SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)	
		OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I	CATEGORY II
	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)			SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
X	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)			DO NOT WRITE IN THIS BLOCK	
X	EAA: CATEGORY I CATEGORY II X				
X	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD				
REMARKS AND/OR COVER MAR 48-OCT 40 OCT 49-FEB 52 FEB 52-MAY 54 MAY 52-JUL 54 JUL 54-MAY 56 17 MAY 56-MAY 61 MAY 59-MAY 61 MAY 61-MAR 63 MAR 63-JUL 66 JUL 66-JUL 70					
DISTRIBUTION: J COPY 1 - CO OR C COPY 2 - OPERAT COPY 3 - OS/SPAC COPY 4 - OL/TFB COPY 5 - CCS-FIL				CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

FORM 155 USE PREVIOUS EDITION

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E-3, IMPDET CL. BY: C07022

113-20-433

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REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

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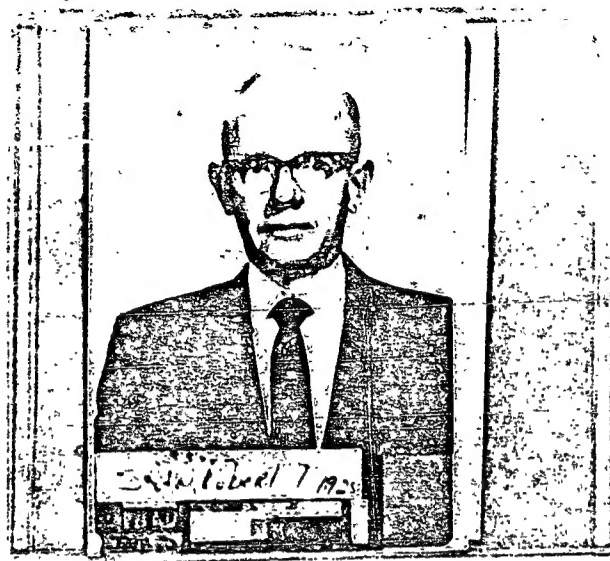
H a n d l e W i t h C a r e

144

Pre 1963 Request
for Personnel Action

Left


Post 1966 Requests for
Notification
of Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary

ROBERT T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				19 March 1973	734
X TO: (CROSS)	X	CHIEF, CONTROL DIVISION, OP	AS NUMBER	263-23-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED	
REF: Form 1322 dated 12 Mar 73					
SUBJECT: SHAW, Robert T.			UNIT		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: EOD			SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)			SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>ACE</u> HOSPITALIZATION CARD					
REMARKS AND/OR COVER HISTORY 					
MAR 63-JUL 60					
DISTRIBUTION: COPY 1 - CD OR CP COPY 2 - OPERATING COPY 3 - OS/SRAC COPY 4 - OL/TFO COPY 5 - CCS-FILE			CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF		

SECRET

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1. PERSONAL SERIAL NO.		B BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SER	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE	
SHAW, Robert Tyler		II	18 Jun 1925	3 Mar 1948	
6. MARITAL STATUS	7. DEPENDENT (Include PMS)	8. VICTIM OF BIRN	9. US NATURALIZATION DATE (I)		
Married		3 1927 1955 1955	NA APRUSE NA		
10. CARRIER STATUS	11. MEMBERSHIP	12. OTHER STATUS	13. LAST MO. RPT. QUAL. FOR	14. EVAL. FOR	
Staff	Jul 1954		Jul 1975 Prop TTY	TTY	
15. CURRENT RESERV STATUS	16. GRADE	17. ACTIVE DUTY WITH CIA CAT. 1	18. RELEASE TO MIL. SER. CAT. 1	19. TO BE DEFERRED CAT. 1	20. RETIRED
21. ASSIGNMENT DATE		22. PROFESSIONAL TEST DATE		23. LANGUAGE APTITUDE TEST DATE	
Jul 1947		None		None	
24. NON-CIA EDUCATION					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
26. ACQUISITION OF TRAINING (1965-66 Mod Supv Pract/USDA)					
1965 COS Sem (Continued)					
27. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	30	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Jan 1963	Ops Off 0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City
Apr 1963	" " 0136.01	14	D		
28. DATE REVIEWED	29. PROFILE REVIEWED BY	30. PROFILE REVIEWED BY		31. DATE REVIEWED	
30 Jun 1974	hansford	hansford		31 Aug 1959	

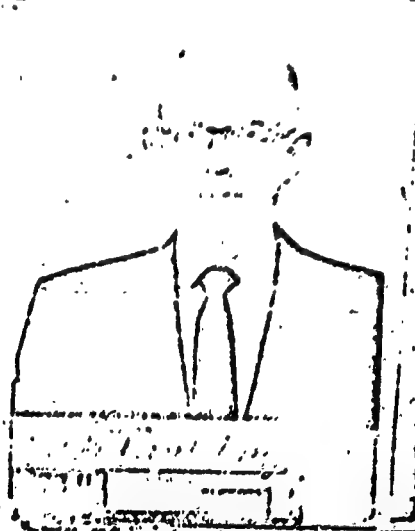
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(When Filled In)

FORM NO. 1200 (PART 2)	DATE OF BIRTH
055495	18 Jun 1925

NAME (Last-First-Middle)
CHAW, Robert Tyler



26. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

28. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

29. ADDITIONAL INFORMATION

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~
~~DATE 10/10/00 BY 60321~~
~~DATE 10/10/00 BY 60321~~
~~DATE 10/10/00 BY 60321~~
~~DATE 10/10/00 BY 60321~~
Award 1925 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

30. DATE REVIEWED 20 Jan 1976	31. PROFILE REVIEWED BY hmr/cal	32. 2 2 LHMDET CL BY 057422
----------------------------------	------------------------------------	--------------------------------

Date: 1/21/77

MEMORANDUM FOR: , ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. SHAW

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CS-1000

ETR: 11 11 1970 92 2528

11 25 25 50 19

2. Remarks: 1. FROM 10

HE SINCE I AM CHARGED WITH IT. COULD NOT FIND

CHARX FILE

John McConis
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				18 OCT 78		734	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		AS NUMBER 268-28-0199			
		CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495			
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG		ID CARD NUMBER			
REF. FORM 1322 DATED 5 SEP 78				OFFICIAL COVER		ESTABLISHED	
STATUS		<input checked="" type="checkbox"/> STAFF				<input checked="" type="checkbox"/> CANCELLED	
			<input type="checkbox"/> CONTRACT			<input type="checkbox"/> CONTINUED	
SUBJECT SHAW, ROBERT T.				UNIT			
KEEP ON TOP OF FILE WHILE COVER IN EFFECT							
<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____				<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				<input checked="" type="checkbox"/> FORM 3254 CTA W-2 TO BE ISSUED (HNR 20-7)			
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)				<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)			
FORM 3254 _____ W-2 TO BE ISSUED. (HNR 20-12)				<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II			
				<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CGS			
				<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.			
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)				DO NOT WRITE IN THIS BLOCK TOP OF FILE MUST REMAIN			
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)							
EAA, CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>							
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>DISTRIBUTION</p> <p>COPY 1 - CD/TSB OR CPD CONTROL</p> <p>COPY 2 - OPERATING COMPONENT</p> <p>COPY 3 - OS/SHD</p> <p>COPY 4 - CC/DO/TFB</p> <p>COPY 5 - CCS FILE</p> </div> <div style="width: 40%; text-align: center;"> <p><i>[Signature]</i> SM/DM</p> <p><i>[Signature]</i> CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF</p> </div> <div style="width: 20%; text-align: right;"> <p><i>[Signature]</i></p> </div> </div>							

FORM 1551 JAN PREVIOUS EDITION

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

CLASSIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199		
<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495		
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
TN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT SHAW, Robert T.		UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I CATEGORY II		
<input checked="" type="checkbox"/> SUBMIT FORM 2254 State W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
REMARKS AND/OR MAR 48-OC OCT 49-EE FEB 52-MA MAY 52-JU JUL 54-MA 17 MAY 56- MAY 59-MA MAY 61-MA MAR 63-JU JUL 66-JU			
DISTRIBUTION COPY 1 - CL OF CP COPY 2 - OPERATING COMPONENT COPY 3 - CS/SSAC COPY 4 - GL/TED COPY 5 - CCS-FILE		17 MAR 73- 18 MAR 73-	

FORM 1-73

1551 USE PREVIOUS EDITION

SECRET

F-2, IMPDET CL BY 007522

(13-20-43)

Post 1966 Notifications
of Personnel Action

1. SERIAL NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 11 100	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	7. COST CENTER NO. CHARGEABLE	8. FIC OR OTHER LEGAL AUTHORITY	
V TO V CF TO V X CF TO CF	104-0000	DG USC 4403	
9. ORGANIZATIONAL DESIGNATION DUP/WH FOREIGN FIELD BRANCH 2 MANAGUA, NICARAGUA STATION		10. LOCATION OF OFFICIAL STATION MANAGUA, N. CARAGUA	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 104	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP GS 2 14 4	17. SALARY OR RATE 16391 16675
18. REMARKS MEXICO CITY, MEXICO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51650 WH	22. STATION CODE 52073
23. DATE OF BIRTH MO DA YR 06 18 25	24. DATE OF GRADE MO DA YR	25. DATE OF LEI MO DA YR	26. DATE OF LEI MO DA YR
27. SPECIAL REFERENCE 1 - CUC 2 - FICA 3 - NONE	28. RETIREMENT DATA CODE	29. SEPARATION DATA CODE TYPE MO DA YR	30. CORRECTION/CANCELLATION DATA TYPE MO DA YR
31. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	32. SERV. COMP. DATE MO DA YR	33. LONG COMP. DATE MO DA YR	34. CARRIER CATEGORY CAN BNY PROL TEMP
35. SOCIAL SECURITY NO.	36. HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	37. HEALTH INS. CODE	38. SOCIAL SECURITY NO.
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	40. LEAVE CAT CODE	41. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	42. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO
SIGNATURE OR OTHER AUTHENTICATION			
<div style="text-align: right;"> POSTED 68-18668 </div>			

FORM 1159

Use Previous Edition

SECRET

WHEN

(When)

C/WH/2

G47

1. Serial No.	2. Name	3. Civil Letter Number	4. LWOP Reason
055495	SHAW ROBERT T	01 090 CF	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Grade	Step
GS 14 4	16,675	GS 14 5	17,175
7. LEAVE DATE		8. LEAVE DATE	
12/00/84		12/04/84	
9. REMARKS AND AUTHENTICATION			
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY			
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPLIANCE			
SIGNATURE			
<div style="text-align: center;"> PAY CHANGE NOTIFICATION </div>			

1. SERIAL NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE 07/03/66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 7135 (9990) (XXX)	
7. FUND V TO V C TO V X C TO V		8. CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATION DDP/WH		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE		12. POSITION NUMBER	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, EO, WH)	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP 14	
17. SALARY OR RATE		18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE NUMERIC ALPHABETIC	22. STATION CODE
23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
27. DATE OF LST	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SEN
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY
39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. FORM EXECUTED	46. STATE CODE
SIGNATURE OF OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 7-14-66 <i>QBS</i> </div>			

FORM 1150
11-66

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR+STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	055495	51	A20	CF GS 14 4	\$10,700	\$10,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-311
 PURSUANT TO AUTHORITY OF ACT AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055495	51	620	CF GS 14 4	\$15,640	\$16,204

14

1 - Serial No.		2 - Name		3 - Cost Center Number		4 - LWOP Hours	
055495		SHAW ROBERT T		51 700 476 CF			
5 - OLD SALARY RATE				6 - NEW SALARY RATE			
Grade	Step	Salary	Low EN Date	Grade	Step	Salary	Effective Date
GS 14	3	\$15,190	12/08/63	GS 14	4	\$15,640	12/06/64
7 - TYPE ACTION							
PSI LSI ADJ							
8 - Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY 559							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: E. J. [Signature]				DATE: 13 OCT 65			
PAY CHANGE NOTIFICATION							

FORM 501 500

Comptroller's Previous Edition

4937

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	51	700	CF GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	26720	V	14 1	\$12,210	\$12,845

275-251

1	Serial No.	2	Name	3	Gr & Career Number	4	LWOP Hours
	095495		SHAW ROBERT T		26 720 V		
5	OLD SALARY PAGE		6	NEW SALARY PAGE		7	TYPE ACTION
	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
	GS-14	1	\$12,845	12/10/61			
	GS-14	2	\$13,270	12/05/62			
<p>8 Remarks and Authorization</p> <p>// NO EXCESS LEOP // IN PAY STATUS AT END OF WAITING PERIOD // LEOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>W</i> AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 8 Nov. 62</p> <p>PAY CHANGE NOTIFICATION</p>							

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

[illegible]

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Last 1st Date	Grade	Step	Salary	Effective Date	PS	IS	ADJ
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

NO EXCESS LVOP
 IN PAY STATUS AT END OF WAITING PERIOD
 LVOP STATUS AT END OF WAITING PERIOD
 CLERKS INITIALS
 AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
 OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: *[Signature]* DATE: 29 October 63

PAY CHANGE NOTIFICATION

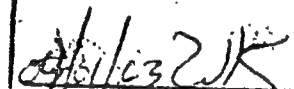
ABM: 30 APR 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION:					4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					04 30 63		REGULAR		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<input checked="" type="checkbox"/> V. 10 0 <input type="checkbox"/> V. 10 1 <input type="checkbox"/> V. 10 2 <input checked="" type="checkbox"/> V. 10 3 <input type="checkbox"/> V. 10 4 <input type="checkbox"/> V. 10 5 <input type="checkbox"/> V. 10 6 <input type="checkbox"/> V. 10 7 <input type="checkbox"/> V. 10 8 <input type="checkbox"/> V. 10 9		3135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION:					10. LOCATION OF OFFICIAL STATION				
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO				
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION					
		0340		D					
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS		0136.01		04 0 14 2		11880 13270			
18. REMARKS MEXICO CITY, MEXICO									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE	22. STATION CODE	23. CATEGORY CODE	24. GRADE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST	
37	10	64700 WH	45075	1	3	06 18 25			
28. HIE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY	34. SEX			
							EOD DATA		
35. VET PREFERENCE	36. VET COMP DATE	37. LUMP COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LTD	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>[Signature]</i> </div>									

RZR: 29 MAR 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
				03 27 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<input type="checkbox"/> 10 V <input checked="" type="checkbox"/> 10 W <input type="checkbox"/> 10 X <input type="checkbox"/> 10 Y		3135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER				0418		D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS		0136.01		04 0 14 2		11880 13270			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODES		22. STATION CODE		23. INTEGREE CODE	
55		10		64700 WH		45075		1	
24. Hqtn. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
3		06 18 25							
28. RET. EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
								EOD DATA	
33. VET PREFERENCE		34. SERV. COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED  </div>									

FORM 11-62 1150

Use Previous Edition

29 MAR 1963

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						02 17 63		REGULAR			
6. FUNDS		7. COST CENTER NO. - CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
V TO V		3135 5700 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0418		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		14 2		13270			
18. REMARKS											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Bldg/Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LBI
20	10	64700 WH		45075		3	06 18 25				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.	34. SEN.
		80									
35. VET. PREFERENCE		36. SERV COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>02/26/63 RK</i> </div>											

FORM 1150
4-62Use Previous
Edition

21 FEB 63

SECRET

 USE
 (When Filled In)

16-911

LLG: 4 JAN. 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				01 04 63		REGULAR			
6. FUNDING		7. COST CENTER NO. CHARGABLE		8. CIP OR OTHER LEGAL AUTHORITY					
X		3232 1000 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION					
DOP TASK FORCE W FI/GI BRANCH				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFF ICER				0678		D			
14. CLASSIFICATION SYMBOL (EX. 1A, 4A)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		14 2		13270			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI	
37	10	61300 TFW	75013			06 18 25			
28. RATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
								EOD DATA	
33. VET. PREFERENCE		34. SERV. COMP. DATE		35. LONG COMP. DATE		36. CAREER CATEGORY		37. FEGLI/HEALTH INSURANCE	
38. PREVIOUS GOVERNMENT SERVICE DATA		39. LEAVE CAT CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SOCIAL SECURITY NO.	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED 1/15/63 WK </div>									

FORM 1150
6-62Use Previous
Edition

JAN 1963

SECRET

1-6-61
1-6-61
1-6-61

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpt

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
SHAW, Robert T.			18 Jun 1925	M	GS-14
5. OFFICIAL POSITION TITLE			6. OFF/DIV/BR OF ASSIGNMENT	7. CURRENT STATION	
Ops Officer			DDP/WI/1	Mexico City	
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL APPOINTMENT			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
10. DATE REPORT DUE IN O.A.			11. REPORTING PERIOD (From - to)		
31 May 1965			1 June 64 - 31 March 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.					RATING LETTER
D F 62					O
SPECIFIC DUTY NO. 2 Development and handling of new operations; target studies, spotting, assessment and recruitment of new agent assets and potentials.					RATING LETTER
DE 14 / 15					S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.					RATING LETTER
DA 12					O
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.					RATING LETTER
2 D 12					P
SPECIFIC DUTY NO. 5 Intelligence reporting.					RATING LETTER
DP 41					O
SPECIFIC DUTY NO. 6 Supervision of personnel.					RATING LETTER
7 C 51					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
16 JUN 1965					O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or secondary duties must be described, if applicable.

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
3 June 65	Robert T. Shaw /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	Operations Officer	David A. Phillips /s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Para 2 of covering dispatch RUMT 5493 in its entirety:</p> <p>"COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	Winston M. Scott /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on
[REDACTED] Robert T. Shaw

1. Robert T. Shaw [REDACTED] is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.
Shaw
2. This memorandum is to report that [REDACTED] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.
Shaw
3. It is again recommended that [REDACTED] be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [REDACTED] (September 1966)
Winston M. Scott/s/

EMPLOYEE: [REDACTED] (6 September 1966)
Robert T. Shaw /s/

Employee Number: 055495

WY

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
SHAW Robert T.		18 Jun 1925	M	GS-14	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City 1401/10	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1966			1 April 1965 - 30 April 1966		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					RATING LETTER O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER DU 50
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O
25 MAY 1966					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. If applicable, include recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 April 1966	/s/ Robert T. Shaw	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 April 1966	Chief of Station	/s/ Winston M. Scott
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 MAY 1966	C/WR/1	W.J. Kaufman

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EYES ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
SHAW Robert T.			15 Jun 1925	M	GS-11/4	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Instructor, Operations			OTR		ISOLATION WAC/CS		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/>				
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL <input type="checkbox"/> JOX <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/>				
SPECIAL (Specify)			SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
2 Jul 67			21 July 1962 - 25 January 1963				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Supervises a group of instructors as departmental chairman in the Operations Branch							RATING LETTER S
SPECIFIC DUTY NO. 2 Instructs clandestine operations by lecture, seminar and practical exercises.							RATING LETTER P
SPECIFIC DUTY NO. 3 Instructs by role-playing as agent or operations officer opposite student case officers							RATING LETTER S
SPECIFIC DUTY NO. 4 Counsels and guides students individually.							RATING LETTER S
SPECIFIC DUTY NO. 5 Participates in course planning and contributes to course substance.							RATING LETTER S
SPECIFIC DUTY NO. 6 Prepares instructional presentations and materials for use in clandestine operations courses.							RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff.

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

30 January 1963

SIGNATURE OF EMPLOYEE

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

28 January 1963

OFFICIAL TITLE OF SUPERVISOR

Chief, Operations Branch

TY

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In general I agree with [redacted] evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."

DATE

31 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy for Training, ISOLATION

TYPED OR PRINTED NAME AND SIGNATURE

KENNETH P. MILLER

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
of insurance lss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

[Redacted]
Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

[Redacted]

[Redacted]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 055495	(Prime) Shaw	7-26 Robert	T.	25-26 51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Nicaragua	40-42
3 - CORRECTION									
5 - CANCELLATION	1	07	20	66					520

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. IN 99956	DOCUMENT DATE/PERIOD 9/24/66
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	SIGNATURE Jackie E. Peringer
	DATE 9/22/66	
<input checked="" type="checkbox"/> C & T DIVISION	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED	

FORM 10-66 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
SEAW, ROBERT T.		27 AUGUST 1925		GS-14 4	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
DDP/WH/MEXICO CITY STATION		OPS OFFICER/340		FIELD	
7. PROPOSED STATION		8. PROPOSED POSITION (title, number, grade)			
MANAGUA, NICARAGUA		COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
		1 JULY 1966		4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP		14. DATE OF BIRTH	
				MONTH YEAR	
JANET L.		WIFE		APR 27	
BARBARA L.		DAUG		JUL 52	
RICHARD W.		SON		AUG 55	
THOMAS R.		SON		AUG 55	
15. COMMENTS					
SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH REGULATIONS.					
17. DATE OF REQUEST		18. SIGNATURE OF REQUESTING OFFICIAL		19. ROOM NUMBER AND BUILDING	
2 MAY 1966		Frank A. Lane WH/PERS		GH-56, Hqs.	
20. EXTENSION					
6815					
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
<p>5 July 66</p> <p>74617</p> <p>701 55 10 52 WH, 62</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 80-100 EXCELLENT	F — BELOW 60 FAILURE
B — 60-80 GOOD	W — AUDITOR
C — 70-75 FAIR	I — INCOMPLETE
D — 60-65 PASSABLE	W — WITHDRAWN

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Personnel} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Darg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and materials.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence Method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferencing: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

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For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
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Correspondence Program

A -- 90-100 EXCELLENT	F -- BELOW 60 FAILURE
B -- 80-89 GOOD	Y -- AUDITOR
C -- 70-79 FAIR	I -- INCOMPLETE
D -- 60-69 PASSABLE	W -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, PSSs and PSRs in Mexico City

FROM : Ralph Searritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and to the world.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATION'S I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

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4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
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7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 5.1)	NAME OF SUPERVISOR (true)	DATE (from item 5.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
Murray Benthal			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PERUMEN target.</p> <p>Acquisition and management of agents; operational and intelligence reporting.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain [] which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation -- have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.</p>			

SECRET

<p>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION THIS IS BY FAR FIRST CHOICE</p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:</p> <p>1ST. CHOICE <u>DOD/Field</u> 2ND. CHOICE <u>OTR</u> 3RD. CHOICE <u>DCI/Staff</u></p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:</p> <p>1ST. CHOICE <u>(COB)</u> 2ND. CHOICE <u>Madrid (DCOS)</u> 3RD. CHOICE <u>Sao Paulo (COB)</u></p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</p> <p align="right">INDICATE NUMBER OF WORK DAYS <u>45</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p>Wife <u>37</u> Daughter <u>12</u> Total dependents - <u>4</u> Twin sons <u>9</u></p>	
<p>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p>Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.</p>	
<p>12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.</p> <p align="center">TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with</p> <p>personnel. He has excellent contacts with ODURGE (border) officials.</p> <p>His unique (for this Station) enables him to meet persons of interest.</p> <p>He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.</p>	
<p>14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.</p> <p align="center">TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p>	
<p>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.</p>	
<p>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</p> <p>ROBERT D. CASHMAN C/WH/PERS</p> <p>DATE _____</p>	<p>SIGNATURE</p> <p><i>[Signature]</i></p>
<p align="center">FOR USE OF CAREER SERVICE</p>	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE</p> <p>DISPATCH NO. <u>300005 3759</u> CABLE NO. _____</p>
<p>19. TYPED OR PRINTED NAME</p> <p><u>RONALD GAGE</u></p>	<p>20. SIGNATURE</p> <p><i>Ronald Gage</i></p>
<p>21. TITLE</p> <p><u>Officer A/CSPC</u></p>	<p>22. DATE</p> <p><u>10/16/64</u></p>
<p>23. COMMENTS</p> <p><i>New Tour after home leave in summer 65</i> <i>P. Hall</i></p>	

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-36
	LAST (Print)	FIRST 7-26	MIDDLE	
55495	SHAW	ROBERT	T.	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	MEXICO	60-62
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63					450

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		45-62
2 - CORRECTION									
3 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		

DOCUMENT IDENTIFICATION NO. HMT - 3681	DOCUMENT DATE/PERIOD 4/25/63
---	---------------------------------

REMARKS

PREPARED BY FACED DIVISION	REPORT APPROVED BY SOURCE DOCUMENT DATE 5/11/63	ADDS DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE
-------------------------------	--	--

FORM 1451a USE PREVIOUS EDITIONS

SECRET

16-491

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

30:533 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
55495	Shaw	Robert	T	51 24.28

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE				COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41	
3 - CORRECTION										
5 - CANCELLATION										

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN				AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41	
4 - CORRECTION	2	27-28	29-30	31-32	33-34	35-36	37-38	60 #	811	
6 - CANCELLATION										

SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED OR
SOLICIT DOCUMENTAPPROVE DATA VERIFIED CORRECT. DATES FROM SOURCE
DOCUMENT CIVIC

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

1451a

SECRET

10.103

CONFIDENTIAL
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

.....

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

Robert Shaw
Signature

14 February 1963
Date

ROBERT SHAW

CONFIDENTIAL

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
SHAW ROBERT TYLER

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED **FT. THOMAS, KENTUCKY** LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE **FALLS CHURCH, VA. TUCSON, ARIZONA** HOME LEAVE RESIDENCE **FALLS CHURCH, VIRGINIA**

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE **TUCSON, ARIZONA** DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE **JANET SHAW** ADDRESS (No., Street, City, Zone, State) **FALLS CHURCH** TELEPHONE NO.

NAMES OF CHILDREN **BARBARA RICHARD THOMAS** ADDRESS **SAME** SEX **F M M** DATE OF BIRTH **27 JUL 1952 10 SEP 1953 10 SEP 1955**

NAME OF FATHER (or male guardian) **SHAW** ADDRESS **FALLS CHURCH** TELEPHONE NO.

NAME OF MOTHER (or female guardian) **SHAW** ADDRESS **SAME** TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? **FATHER**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) **SHAW** RELATIONSHIP **FATHER**

HQM **FALLS CHURCH, VA.**

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE **RETIRED** BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) YES ☒ NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES ☒ NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.) YES ☒ NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 5 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

(When Filled In)

5

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

AMONG PERSONAL EFFECTS

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

208

14 Feb 1963

Al Law

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action

Effective 27 March 1963

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present [redacted] and salary of GS-14 \$13,270. per annum, you will accept [redacted] employment with another instrumentality of the Government (hereinafter referred to as [redacted]) effective as of 27 March 1963. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your [redacted] in order to appear as a conventional member of that establishment. Your appointment to your [redacted] is being effected at [redacted] and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted]

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your [redacted] organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your [redacted]. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your [redacted] shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by [redacted] against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your [redacted]

a. Upon [redacted] into your [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your [redacted] and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your [redacted] of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

5. All annual and sick leave which is accrued to your credit at the time of [] will be transferred to your []. While [] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your [] in lieu of the leave benefits of this organization. Upon completion of your [] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your [] make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your [].

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Rae Marie Corbett
Personnel Office

ACCEPTED:

Robert T. Shaw
Robert T. Shaw

Pre 1963 Training &
related loss.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION

NATIONAL PERSONNEL RECORDS CENTER, TCPS
111 Minnebago Street
St. Louis, MO 63118

DATE OF REQUEST

6-9-78

TELEPHONE INITIALS

DATE OF BIRTH

MONTH

DAY

YEAR

6

18

25

SOCIAL SECURITY NUMBER

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.45.

CURRENT NAME (Last, first, middle)

SHAW, ROBERT T.

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different, then only)

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON H7B	Summer	
STATE DEPT		1952	

RECORDS OR INFORMATION REQUESTED

- ☒ OFFICIAL PERSONNEL FOLDER
- ☒ Forward to requesting agency.
- ☐ Deliver to information desk for review by Federal Agent.
- ☐ Deliver to the appropriate Correspondence Unit Supervisor for review by employee.
- ☐ STATEMENT OF SERVICE
- ☐ Mail to requester.
- ☐ Deliver to information desk.
- ☐ FEDERAL EMPLOYEES GROUP LIFE INSURANCE
- ☐ Prepare and furnish duplicate original SF-56.
- ☐ Furnish SF-56.
- ☐ CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- ☒ Folder enclosed. 6-13-78 RA
- ☐ Folder was sent to your agency on
- ☐ Folder forwarded in place of information requested. Retain if person is rehired.
- ☐ Folder not received. Suggest you contact last employing office.
- ☐ Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- ☐ Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE:

☐ ST ☒ COMMERCIAL/HOME

REMARKS:

CIA
PERSONNEL OFFICE
WASHINGTON, D.C.
20505

Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

GENERAL SERVICES ADMINISTRATION

GSA FPMR 6895 (Rev. 1-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT T. 06-18-25

Date: 1/23/79

MEMORANDUM FOR: Sup. Gp.

, ROB

SUBJECT

: Request for Estimate of Annuities

JB
86

1. Please provide estimate of annuities for:

Name: Robert T Shaw

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CDROS

ETR: 11 Jan. 1958

2. Remarks:

OP FILE ATTACHED ROSE KERN

COULD NOT FIND CDROS FILE

JOHN McGUIRE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

FORM DS 1037
11-63

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

FS

1 NAME (LAST, FIRST, MIDDLE) SHAW ROBERT T		MR MISS MRS MR	2 EMPLOYEE NO & SER 539700 M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO. [REDACTED]
5 REGULARITY 2	6 DEPT CODE (3)	7 OFFICE CODE 06	8 SERVICE DATE 02-28-48	9 PAY GRADE 00	10 PAY RATE 00
11 NATURE OF ACTION 317 RESIGNATION		12 EFFECTIVE DATE 03-17-73	13 CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
14 FROM POSITION TITLE AND NUMBER S-00000-00 REASSIGNMENT DE -		15 BASIS AND COLLATION CODE FR-97072	16 GRADE 03	17 SALARY PA\$29,462.00	
18 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					
19 MISCELLANEOUS ASSIGNMENTS					

20 TO POSITION TITLE AND NUMBER [REDACTED]	21 BASIS AND COLLATION CODE [REDACTED]	22 GRADE [REDACTED]	23 SALARY [REDACTED]	24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520
--	---	-------------------------------	--------------------------------	---

25 IDENTIFICATION CODE WASHINGTON DC	26 LOCATION CODE 110010001
27 ADDRESS 0113.0-1097-298600-000	28 APPROVED BY 2
29 STATE AZ	30 DATE [REDACTED]

31 REASON FOR ACTION REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE	32 PAYMENT TO BE MADE BY THE DEPARTMENT FINAL PAYMENT TO BE MADE BY THE DEPARTMENT
--	--

33 FGLI COVERAGE-REGULAR ONLY FGLI COVERAGE-REGULAR ONLY	34 SIGNATURE OF EMPLOYEE MR. ROBERT T. SHAW
--	---

35 DATE OF APPOINTMENT 03-21-73	36 SIGNATURE OF DIRECTOR GENERAL DIRECTOR GENERAL
37 OFFICE MAILING ADDRESS DEPARTMENT OF STATE	38 SUBMITTING OFFICE NO 2951

2 PERSONNEL FILES

Form 1001

13 September 1962
14 and 15 of 1 July 1962

REQUEST FOR PERSONNEL ACTION

1105

PART I. REQUESTING OFFICE (to be completed by the requesting office)

1. DATE OF REQUEST 3/14/73	2. REQUESTED ACTION DATE	3. REQUEST NUMBER	4. SERVICE FS	5. MGT/PS/TRANS MGT/PS/TRANS
6. NAME (Last, First, Middle) SHAW, ROBERT T. MR.	7. MR MISS MRS	8. EMPLOYEE NO. 539700 M	9. BIRTH DATE	10. SOCIAL SECURITY NO.
11. ACTION REQUESTED (1) PERSONNEL (2) Other (Specify)			12. RIF CODE	13. POSITION
14. POSITION (Specify position, vacancy, etc.)			15. POSITION VACATED	16. Skill Codes

17. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER	18. TENURE CODE	19. SERVICE COMP DATE	20. PHYSICAL HANDICAP CODE
21. FEEL 1. COVERED 2. INELIGIBLE 3. WAIVED	22. RETIREMENT 1. CS 2. PHS	23. NO & YR OF GRADE	24. (For CM only)
25. NATURE OF ACTION 317 RESIGNATION		26. EFFECTIVE DATE (M/D/Y) 03-17-73	27. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

28. FROM POS NO. S-00000-00	29. POSITION TITLE FOREIGN SERVICE RESERVE OFFICER	30. PAY PLAN AND OCCUPATION CODE FR-7072	31. GRADE OR LEVEL 03	32. SALARY pa\$ 21 4/2
33. ORGANIZATION DESIGNATION MISCELLANEOUS ASSIGNMENTS				

34. TO POS NO.	35. POSITION TITLE	36. PAY PLAN AND OCCUPATION CODE	37. GRADE	38. STEP	39. SALARY	40. NEXT PS DUE
41. ORGANIZATION DESIGNATION						

42. DUTY STATION (If any other)	43. LOCATION CODE
WASHINGTON, D. C.	
44. APPROPRIATION CODE 0113.0-1097-298600-000	45. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE
46. APPOINTED POSITION FROM	47. TO
48. STATE	

1. REMARKS (If applicable, any comments additional modified reasons for request)

REASON: PERSONAL - No additional information available.

ADDRESS:

49. REQUESTED BY SIGNATURE <i>Barbara B. Prather</i> TITLE CA/FS/EUR - Barbara B. Prather	50. REQUEST APPROVED BY SIGNATURE <i>Charles R. Stout</i> TITLE CA/FS/EUR - Charles R. Stout, Chief
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (If no grade heavy, this is PART I above and to be completed)	
51. CLEARANCE	52. INITIALS OR SIGNATURE
53. DATE	54. DATE
55. (1) CELL OR POS CONTROL	56. (2) CELL OR POS CONTROL
57. CLASSIFICATION	58. CLASSIFICATION
59. EMPLOYMENT	60. EMPLOYMENT
61. APPROVED BY	62. APPROVED BY

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION (EMPLOYEE) - HOW TO EMPLOYEE (Employee Name) (Last, first, middle initial) (Date of birth) (Social Security Number)

I RESIGN FOR THE FOLLOWING REASONS

RECEIVED

15 MAR 1973 PM 8.49

REASON FOR RESIGNATION: (Employee Name) (Last, first, middle initial)

REASON FOR RESIGNATION: (Employee Name) (Last, first, middle initial)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

3/17/73

PART IV. SEPARATION DATA

FOR MAIL COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

PART I. (Continued)

WE WANT TO BE RECALLED TO OFFICE

3/19/73

SHAW, ROBERT T

SHAW, ROBERT T

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

[Redacted Address Box]

E. Kathryn Mallow
E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

msd

15 MAR 1973



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

Robert T. Shaw

Robert T. Shaw

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	JUNE 18, 25	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE			EMBASSY, MANAGUA	

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

James J. Young, Actg. Admin. Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
REVISED 1964
GSA GEN. REG. NO. 27
(7-72-101)

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 10, 1925

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☒ **AN EMPLOYEE** ☐ **RETIRED OR AN APPLICANT FOR RETIREMENT** ☐ **RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS**

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," OR "X" NUMBER

(CSA or CSL or X number)

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City and State)
WASH 25, D.C.

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET SHAW		WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(Signature of witness)	(Number and street)	(City, zone number, and State)
William A. Hill	1114 Ellen Ave.	Falls Church, Va.
(Signature of witness)	(Number and street)	(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Robert T. Shaw

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/END

MAR 27 1963

(Indicate date and be above initials)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*The fund is due under the Federal Employees' Group Life Insurance Act of 1954.
**The share to be paid to the named beneficiary and up to 10% per year.

10-7000-1

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE

NAME—	(Last)	(First)	(Middle)	Date of Birth (Month, day, year)
	SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no way will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET SHAW		WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution—month, day, year)

Robert Shaw

(Signature of employee)

WITNESSES TO SIGNATURE

Maddie Little	1114 Ellen Ave.	Elks Church, Va
(Signature of witness)	(Number and street)	(City, town number, and State)
Ursula B. Shice	216 E. 5th NW	Wash D.C.
(Signature of witness)	(Number and street)	(City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T Shaw

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

PER/EMO

MAR 27 1963

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—ORIGINATOR WILL BE NOTED AND RETURNED

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	214 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	214 South Ann Street, Olney, Ga.	Sister	All

How To Cancel A Designation OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as "C. M. Jackson" or "Mrs. John H. Jackson"

**Do not list the share to be paid to the contingent beneficiary as 0.00 up to 100 percent.

Standard Form No. 2800 CHAPTER I-1-1 PM O-GAO 3045		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Part I) Before use, read of last page. Use only typewriter or ballpoint pen.				153281																								
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (Last, first, middle initial) SHAW ROBERT T.		2. DATE OF BIRTH (Month, day, year) 6 18 25		3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																									
	4. HOME ADDRESS (Number, street, city and zone number, state) [Blank]		5. MAIL (City and zone number, state) [Blank]		6. Are you covered by, or is any family member (other than yourself) covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 through the enrollment of another United States or District of Columbia Government employee or annuitant? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																									
	7. show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>																													
	PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN. 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of the plan you select.) NAME OF PLAN [Blank] OPTION (HIGH OR LOW) [Blank] EMPLOYMENT STATUS (FULL-TIME, PART-TIME) [Blank] 2. In space below list all eligible family members, without exception. List your wife or husband first, if you are unmarried, children under age 19, including legally adopted or foster, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include children under age 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) <table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, day, year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, day, year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td>[Blank]</td> <td></td> <td>[Blank]</td> </tr> <tr> <td></td> <td>[Blank]</td> <td></td> <td>[Blank]</td> </tr> <tr> <td></td> <td>[Blank]</td> <td></td> <td>[Blank]</td> </tr> <tr> <td></td> <td>[Blank]</td> <td></td> <td>[Blank]</td> </tr> <tr> <td></td> <td>[Blank]</td> <td></td> <td>[Blank]</td> </tr> </tbody> </table>							NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)	Wife or Husband	[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)																											
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3. If you are a female (employee or annuitant), does the family listed above include a husband who is incapable of self-support by reason of disability or physical infirmity which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																														
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT. 1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: [Blank]																														
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT. 1. I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 2. I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> 3. Any other reason: [Blank]																														
PART E ALL WHO REGISTER MUST FILL IN THIS PART. 1. SIGNATURE OF EMPLOYEE OR ANNUITANT Robert T. Shaw June 20, 1960 2. DATE REGISTERED IN EMPLOYER'S OFFICE 3. DATE OF NEXT REGISTRATION 4. PAYROLL OFFICE NO. 5. PAYROLL ACTION (INITIALS AND DATE)																														
PART F TO BE COMPLETED BY AGENCY. 1. NAME AND ADDRESS OF EMPLOYER'S OFFICE 2. NAME AND ADDRESS OF EMPLOYEE'S OFFICE 3. NAME AND ADDRESS OF EMPLOYEE'S HOME 4. NAME AND ADDRESS OF EMPLOYEE'S CURRENT RESIDENCE 5. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 6. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 7. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 8. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 9. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 10. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 11. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 12. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 13. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 14. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 15. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 16. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 17. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 18. NAME AND ADDRESS OF EMPLOYEE'S PREVIOUS RESIDENCE 19. 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REMARKS FOR USE ONLY BY AGENTS AND AGENT.																														

Standard Form No. 2809 CHAPTER 1-51 PM 6 GAO 5-010		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 <small>(Print) (Write on back of last page. Use only November 1979.)</small>				CAREER'S OFFICE NO. <div style="font-size: 24pt; font-weight: bold;">153281</div>							
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <div style="font-size: 24pt; font-weight: bold; text-align: center;">SHAW ROBERT T.</div>		2. DATE OF BIRTH (This number) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">6</td> <td style="text-align: center; font-size: 24pt;">18</td> <td style="text-align: center; font-size: 24pt;">25</td> </tr> </table>		MONTH	DAY	YEAR	6	18	25	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		MONTH	DAY	YEAR									
6	18	25											
4. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		6. Are you covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
PART B Fill in this part if you wish to enroll in a health benefits plan.		7. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">NAME OF PLAN</td> <td style="width:20%;">COSTS (HIGH OR LOW)</td> <td style="width:20%;">EFFECTIVE DATE (MONTH)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		NAME OF PLAN	COSTS (HIGH OR LOW)	EFFECTIVE DATE (MONTH)				8. If you are covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		NAME OF PLAN	COSTS (HIGH OR LOW)	EFFECTIVE DATE (MONTH)									
9. In space below list all of your family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children who are under 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)		10. If you are covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
PART C Fill in this part if you wish NOT to enroll or if you wish to change your enrollment.		11. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>		12. I elect to enroll in my present enrollment under the Health Benefits Act. <input type="checkbox"/>									
		13. The reason for my election is (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____											
PART D Fill in this part if you wish to change your enrollment.		14. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		15. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
		16. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		17. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
PART E ALL WHO REGISTER MUST FILE IN THIS PART.		18. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		19. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
		20. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		21. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
PART F TO BE COMPLETED BY AGENCY.		22. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		23. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
		24. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		25. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
REMARKS FOR USE ONLY BY ANNUALISTS AND AGENCY.		26. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		27. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									
		28. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____		29. I elect to change my enrollment as follows: (Please check in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____									

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 18, 1925

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

PER/POD

(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET SHAW		WIFE	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956
(Date of execution - Month, day, year)

Robert T. Shaw
(Signature of insured)

WITNESSES TO SIGNATURE (1 witness is sufficient to receive payment as a beneficiary):

James B. Shaw 823 22nd St NW
(Signature of witness) (Number and street) (City, zone number, and State)

Michael A. Shaw 2150 Penn Ave NW DC 7
(Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

**ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON 7, VA.**

THIS SPACE RESERVED FOR RECEIVING AGENCY

5-17-56

PER/POD

(Indicate date and by whom received)

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16-70410-1

~~PAGE 9618~~

FEDERAL PAY ADJ.Ex.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

NEW NAME	SOC SEC NUMBER	NEW ORG-CD	N PP	N GR	PAY STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T		298600	FR	03	07	2802200	2946200

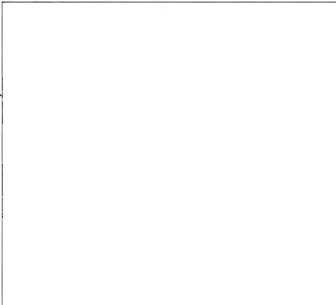
 <p align="center"> DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TR. Applicable Regulations: 6 FAM 100 & FAM 510.4 </p>				
<p>You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to point of destination if allowances are shown in item 15.</p>				
1. NAME, ADDRESS AND EMPLOYER TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER	
SHAW, ROBERT T AMERICAN EMBASSY TEGUCIGALPA, HONDURAS		532700	3-60799	
		4. SOCIAL SECURITY NUMBER		
		5. AUTHORIZATION DATE	JULY 18, 1972	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		6. DO NOT SHIP TRAVEL PRIOR TO		
FOREIGN SERVICE RESERVE OFFICER		R-03 7072 ()		
		S-00000-00(P)		
8. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.				
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1930113	2025	360799	298000	52-23
10A. STATION OF ORIGIN		10B. LOCATION CODE	11. COUNTRY	
TEGUCIGALPA, HONDURAS		0113.0-2081	312601	
12. STATION OF DESTINATION		13. AMOUNT		
WASHINGTON, D.C. (CA)				
14. QUARTERS AVAILABLE		15. ALLOWANCES FOR SHIPMENT AND STORAGE OF HOUSEHOLD EFFECTS, NET WEIGHT		16. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. SHIPPED SHIPMENT		B. TOTAL ALLOWANCE
2		00000		13000
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)		19. TOTAL NUMBER OF TRAVEL DAYS AUTHORIZED BY THIS AUTHORIZATION INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS
A. ADULTS B. CHILDREN C. UNDER 2		A. CONSULTATION (IN DAYS)		B. WAITING (CALENDAR DAYS)
4 0 0		000		00
<p align="center">THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.</p>				
20. SALARY	21. SALARY ADJUSTMENT AND ALLOTMENT	22. THIS AUTHORIZATION IS EFFECTIVE DATE	23. OP. CODE	
RA \$ 28,022	0113.00027	728 10-15-72	DE	
24. INITIALS, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION, AND REMARKS				
<p> I HAVE 17 YEARS OF EXPERIENCE AT TUCSON, ARIZONA AND TRANSFER. THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 317.00 OF THE TARIFF SCHEDULE OF THE U. S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T.A. 2-19303-3252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T.A. 2-95952-001 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55 </p>				
25. EFFECTIVE DATE	26. AUTHORITY OFFICER			
08/72	10/72			
27. AUTHORITY OFFICER (PRINT NAME)				
TEGUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.				
28. OFFICE				
CA/ES/EUR				
29. OFFICE				
CRSOUT/REPRESENTER				
30. DATE				
07/17/72				
31. SIGNATURE				
GCS				

PAGE 409

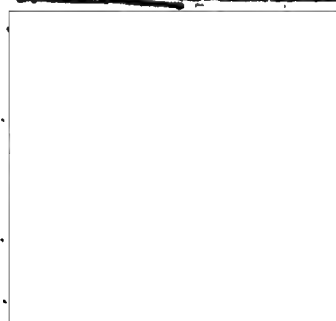
FED-EMP-ACT OF 1970, PL 92-210, DEC. 22, 1971, EX. OR 11697 EFF 1-9-72

PREPARED BY 01/10/72
DATA AS OF 01/09/72

NEW NAME SEC SEC N N PSI CIO NEW
NUMBER PP GR SALARY SALARY



SIAM PHOET T



FS	07	162	1003300	1058300
GS	11	124	1514100	1597300
GS	05	022	693900	711900
GS	13	102	1835300	1934200
FR	02	002	3239300	3410700
FS	05	042	1247200	1315900
FO	04	002	1776130	1873700
GS	09	154	1291100	1362200
FS	05	042	1140400	1203100
FS	06	162	1086700	1146400
FR	03	002	2636300	2802200
GS	06	162	772700	815300
FS	05	153	1287400	1353900
FS	08	262	874000	922100
FS	08	702	827600	867900
FO	04	CCC	2131100	2248700
ST	00	CCC	2817900	2967800
FR	03	002	2434900	2568800
GG	09	152	1081900	1141400
GS	03	132	552400	582800
RU	03	002	2587500	2724400

FD-504 (Rev. 10-6-65)
5010

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

EMPLOYEE'S NAME SHAW ROBERT T		ORG. CODE 3126	POSITION NO. 3126	ACTIVITY & PURPOSE 01101 2101	EFFECTIVE DATE 07-01-71	DATE OF LAST EQUIV. INCREASE 02-01-69
EMPLOYEE NO. 539700		PAY & PLAN PRV. & GRADE FR 03		NEW SALARY RATE 25825	OLD SALARY RATE 24368	<input checked="" type="checkbox"/> Merit Step Increase <input type="checkbox"/> Other Step Increase <input type="checkbox"/> Pay Adjustment

LWOP DATA in appropriate spaces covering LWOP during following periods:
☐ No excess LWOP. TOTAL EXCESS LWOP _____
 (Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

REMARKS: _____
 Performance rating is satisfactory or better.
JOHN H BURNS
 (Signature or other authentication)
 PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATIBILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATA AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC. SEC. NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700		FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul November 20, 1970
(Position to which appointed) (Date of appointment)
Department of State Foreign Service of the U. S. Tegucigalpa, Honduras
(Department or agency) (Bureau or Division) (Place of employment)

I, Robert T. Shaw, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May A.D. 1971.,

at Tegucigalpa (City) Honduras (State)

[SEAL]

Allan F. McLean, Jr.
(Signature of officer)

Consul of the United States of America (Title)

Commission expires
(If by a Notary Public, the date of expiration
of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

FORM DS 1632

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

5/1/72

FB

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.	2 EMPLOYEE NO. AND GRADE 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SERIAL SECURITY NO. [REDACTED]
5 SOCIAL SECURITY NO. 0	6 DATE OF ACTION 08-28-48	7 DATE OF BIRTH 06-18-25	8 DATE OF ACTION 08-28-48
9 FULL A	10 GRADE (3) 06	11 DATE OF ACTION 08-28-48	12 DATE OF ACTION 08-28-48

13 FROM POSTAL OFFICE AND NUMBER [REDACTED]	14 PAY RATE AND OCCUPATION CODE [REDACTED]	15 GRADE [REDACTED]	16 SALARY [REDACTED]
17 NAME AND ADDRESS OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

18 NAME AND ADDRESS OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520	19 GRADE 03 001	20 SALARY (pa\$24,368) F
--	-------------------------------	------------------------------------

21 LOCATION TEGUCIGALPA, HONDURAS	22 LOCATION CODE 918000430
23 ADDRESS 0113.0-2021-312601-000 09720972	24 ADDRESS 2

25 REMARKS [REDACTED]	26 REMARKS [REDACTED]
---------------------------------	---------------------------------

FECI COVERAGE REGULAR AND OPTIONAL.

EXCUTE BY 61.-

27 DATE OF ACTION [REDACTED]	28 DATE OF ACTION [REDACTED]
29 DATE OF ACTION [REDACTED]	30 DATE OF ACTION [REDACTED]

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

11/1/72

Form 100-100

(Exception to 47 CFR approved by
CIV and R of 2 July 1967)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those on heavy lines)

A. DATE OF REQUEST		B. EMPLOYER EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE (1-3 or 4-5)	E. POSITION (1-3 or 4-5)	F. TRANSFER
6/22/70				FS	T & RL/33/70	
1. NAME (Last, First, Middle)			2. EMPLOYEE NO. & JIC	3. BIRTH DATE (Mo, Day, Yr)	4. SOCIAL SECURITY NO.	
SHAW, ROBERT T.			539700 M	06/18/25		
5. KIND OF ACTION REQUESTED IN PERSONNEL (Specify appointment, reassignment, reclassification, etc.)				6. POSITION (Specify establish, reclass, abolish, etc.)		

(2) POSITION (Specify establish, reclass, abolish, etc.)

5. VETERAN PRECEDENCE		6. TENURE		7. SERVICE CAMP DATE		8. PHYSICAL HANDICAP CODE	
1-NO	2-PT	3-NO PT. DISAB.	4-NO PT. COMP.	5-NO	6-PT	7-NO	8-PT
9. MILITARY		10. RETIREMENT		11. NO. MO. & YR. OF GRADE		12. (For CIC use)	
1-COVERED		2-ELIGIBLE		3-WAIVED		4-OTHER	

15. FROM POS NO.		GRADE OR LEVEL		16. SALARY	
3-036					

19. ORGANIZATION DESIGNATION	
CINT	

24. ORGANIZATION DESIGNATION		STEP		25. SALARY		26. WEAPON	
TEGUCIGALPA		1		24,368		F	
				22,332			

29. DUTY STATION (City & State)		30. POSITION (1-3 or 4-5)		31. POSITION (1-3 or 4-5)		32. POSITION (1-3 or 4-5)	
TEGUCIGALPA, HONDURAS		2		2		2	
33. AUTHORIZATION CODE		34. AUTHORIZATION CODE		35. AUTHORIZATION CODE		36. AUTHORIZATION CODE	
0113.0 - 2081 - 312601-CCO		2		2		2	

REMARKS (Show if applicable, any known additional modified reasons for reassignment)

EFFECTIVE DATE OF TRANSFER: 9/6/70

APPROVED BY		REQUEST APPROVED BY	
MEASHE, ARA:LA:POD		JCLARK	

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Use in transfer heavy lines in PART I above also to be completed)	
1. CLEARANCES	
2. CIBIL OR POS CONTROL	
3. CLASSIFICATION	
4. EMPLOYMENT	
5. APPROVED BY	
TITLE & RANK - BLGROVES 6/22/70	
ARA:LA:POD:MEASHE 6/22/70	

Rec'd FSC
6-23-70

PART III. TO BE COMPLETED BY EMPLOYEE

SECRET

1 PERSON FOR THE FOLLOWING REASONS

ಪ್ರತಿಭಾನ್ವಿತರ ಹಾಗೂ ಅಭ್ಯಾಸಿಗಳಿಗೆ ಸ್ಥಾನ

RECEIVED

THE MONASTERY IN 19100 INFLUENCE

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING STAFF OFFERS AND BONDS TO THE FOLLOWING ADDRESS:

PART I. (Continued)

REMARKS BY REQUESTING OFFICE

0152

838. 12th

100

2. 2. 1.

71



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 0-64968
4. SOCIAL SECURITY NUMBER 5550 ()		5. AUTHORIZATION DATE JUN. 24, 1970	
6. CLASS R-03		7. DO NOT START TRAVEL PRIOR TO: JUL. 9, 1970	
8. ACCOUNTING CLASSIFICATION (The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, receipts, etc., etc.)		9. DO NOT START TRAVEL PRIOR TO: 10-025 (P)	
A. FUND 1900113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 064968	D. ORGANIZATION CODE 312601
E. FUNCTION 51-24		10A. STATION OF ORIGIN MANAGUA, NICARAGUA	
10B. STATION OF DESTINATION TEGUCIGALPA, HONDURAS		10C. LOCATION CODE 313001	
11. OBJECT 2099		12. AMOUNT	
13. QUARTERS AVAILABILITY 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		14. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 04500 B. TOTAL ALLOWANCE 13000	
15. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION 1. YES 2. NO		16. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WORKDAYS) 05 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000	
17. NUMBER OF DEPENDENTS A. ADULTS 4 B. CHILDREN 0 C. UNDER 2 0			
18. EXCESS BAGGAGE (For air travel) 000			
19. THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.			
20. SALARY pa \$ 24,368		21. SALARY APPROPRIATION AND ALLOTMENT 0113.0-2081	
22. NATURE OF ACTION AND EFFECTIVE DATE 727 09/06/70		23. DPL CODE DA	
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS 09/20972		25. DPL CODE 06250	

DEPENDENTS: WIFE-JANET
DAU -BARBARA LEE
SON -RICHARD W.
SON -THOMAS R.
07/27/52
09/10/55
09/10/55

25. ITD (Old post) 09/70	26. ETA (New post) 09/70	27. AUTHORIZING OFFICER NEASHE CARVSE
28. AUTHORIZED ITINERARY FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA		29. TRAVEL REQUESTED BY ARA/LA/PCD
30. OFFICE ARA/LA/PCD		

FORM DS-1042
3-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5868200159

POST	ORG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	UNIT OF LAST EQUIV. INCREASE
MANAGUA	3330		01135 3-81	07-01-70	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	939700	FSH 03	\$24,368	\$23,072	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Use in appropriate spaces covering LWOP during following period(s))

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

(Check applicable box in case of excess LWOP)

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

☐

Other Step-Increase _____

☐

Pay Adjustment _____

Initials of Clerk _____

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 374

FEDERAL SALARY 1951-1970, PL 80-271, SEC 27,1243

PREPARED BY 05/01/70
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PS?	OLD SALARY	NEW SALARY
					052	12103	12840
					150	7094	7519
					051	10744	11432
					252	8739	8734
					131	13103	13890
					051	10785	11432
					000	27354	28995
					000	14132	14980
					161	11186	11955
					120	6568	6961
					170	9384	9951
					CCC	29841	31632
					001	31705	33609
					CCC	5522	5853
					170	9104	9649
SHAW ROBERT Y	535700				000	22332	23672
					163	11419	12104
					029	6865	7276
					210	6865	7276
					000	18447	19555
					000	20361	21584
					160	7894	8368
					110	7552	8005
					071	20385	21608
					041	10463	11096
					041	11316	11995

EMPLOYEE SHAW ROBERT Y
PERSONNEL TRANSACTION REGISTER
PREPARED ON 07/23/69
PERIOD ENDING 07/18/69
ACTION DATA NAME DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER	939700
SSN IC CODE	6
SCC SEC NUMBER	
NEW PAY PLAN	FR
NEW GRACE	C3
NEW SALARY	22332
PSI PAY PERIOD	COC
FORM CTL CODE	
NAT ACTION CODE	902

• ERROR PUBLIC LAW PAY INCREASE

EFFECTIVE DATE 07/13/69

FORM DS-1042
2-64

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3130	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 31130 2-81	EFFECTIVE DATE 4-1-69	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN AUGUST T	EMPLOYEE NO. 339700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE \$18,333	OLD SALARY RATE \$19,732	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

- ☐ Other Step-Increase _____
☐ Pay Adjustment _____

Periodic
Step Increase

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
2-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3130	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 31130 2-81	EFFECTIVE DATE 7-01-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN AUGUST T	EMPLOYEE NO. 339700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE \$18,278	OLD SALARY RATE \$17,729	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

- ☐ Other Step Increase _____
☐ Pay Adjustment _____

Periodic
Step Increase

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0 SHAW ROBERT T

FR 03-04 \$18,278 \$19,737 313001

NOTIFICATION OF PERSONNEL ACTION

9218

38

1 NAME - LAST FIRST MIDDLE SHAW, ROBERT T. MR.		2 EMPLOYEE NO & SFA 539700M		3 BIRTH DATE - M. D. Y. 06-18-25		4 SOCIAL SECURITY NO <div></div>	
5 JERMAN PREVIOUSLY 1 YES 2 NO 3 NO OF YEARS 4 NO OF COUNTRIES		6 GRADE (3) 06		7 SERVICE COMP DATE 08-28-48		8 PHYSICAL HANDICAP CODE 0	
9 SEX 1 1 MA 2 F 3 OTHER		10 PAYMENT 1 1 YES 2 NO 3 OTHER		11 MAR & NO OF CHARGE 05-65		12 (1-10) 11	
13 PAYMENT 1 1 CONTINUED 2 DISCONTINUED 3 OTHER		14 EFFECTIVE DATE 03-27-68		15 FROM SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED			
16 FROM SERVICE OR ACTION 760		17 GRADE		18 SALARY			
19 FROM POSITION TITLE AND NUMBER <div></div>		20 PAY PLAN AND OCCUPATION CODE		21 FROM			
22 NAME AND LOCATION OF EMPLOYING OFFICE <div></div>		WASHINGTON, D. C. 20520					

1-067 OR CASE Q	1 PAY MONTH AND 22 QUARTER END	22 GRADE 03 138	23 SALARY (pa\$17,724)
24 NAME AND LOCATION OF EMPLOYING OFFICE			

25. COUNTRY OF ORIGIN (if known) State: MANAGUA, NICARAGUA		26. LOCATION CODE 917000665	
27. APPROVAL TYPE 0113.0-2081-313001-000.10700768		28. PASSPORT OCCUPIED 1. NAME Surname 2	29. APPROVED FOR POSITION FROM TO 1. PREVIOUS 1 2. ANALYST 2 STATE

IN PERSON	--	A SOURCE TO COME "FOR US" FROM PHOENIX AND MEET WITH US IN THE PHOENIX AREA.
		B SOURCE CONTACTED REAGAN CAMPUS FOR INFORMATION REGARDING FORM

REPORTING DATE: 01/01/2010, AS OF: 01/01/2010

[illegible]

LIMITED APPOINTMENT EFFECTIVE 3-27-63 IS HEREBY EXTENDED FOR ANOTHER A PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE, WHICHEVER IS LESS.
NTE 3-26-73.

[illegible]

MI 3-5
P

2 PERSONNEL FOLDER

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 2/23/68		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE PS		E. DRAFTING ARA PM/PC 2/26		F. TRANS LEAVE & RET 2/27		G. APPROVED [Signature]	
1. NAME (CAPS) Last First Middle SHAW, ROBERT T.				MR. MISS MRS. MR.				2. EMPLOYEE NO. & SEA 539700 M		3. BIRTH DATE (MM/DD/YY) 6/18/25		4. SOCIAL SECURITY NO.	
F. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, position, and grade)												H. POSITION VACATED 1. Remove from job 2. Retired 3. AA Job	
12. POSITION (Specify position, title, grade, and code)												H. POSITION VACATED	
5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 10 PT COMP				6. TENURE 1. NO 2. 5 PT 3. 10 PT OTHER				7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE			
9. FEEL 1. COVERED 2. RELIGIOUS 3. MARRIED				10. RETIREMENT 1. CO 2. PCA				11. MO & YR OF GRADE		12. IF FOR CNE, see			
12. NATURE OF ACTION 7/60 EXTENSION FOR LIMITED APPOINTMENT				13. EFFECTIVE DATE (MM/DD/YY) 3/27/68				14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-79 Congress as amended					
15. FROM POS NO 1-067				POSITION TITLE				16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL 03		18. SALARY \$16,941	
19. ORGANIZATION DESIGNATION MANAGUA													

20. TO POS NO 1-067		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE 03		STEP		23. SALARY \$17,724		WORK SCHED	
24. ORGANIZATION DESIGNATION MANAGUA				Level 3		138							

25. DUTY STATION (City/State) MANAGUA, Nicaragua		26. APPLICATION NO. 1170000665	
27. APPLICATION 0113.0 - 2021 - 313001		28. APPLICATION DATE FEB 23 1968	

REMARKS (State if applicable and forward address to be used for correspondence.)
 Limited appointment effective 3-27-63 is hereby extended for a period not to exceed five years or needs of employee, whichever is less. NTE 3/26/73.
 services whichever is less.
 NTE 3-26-73

CTIVE 3/27/63

 SIGNATURE
 MEASHE, ARA:MGT:SOP

 SIGNATURE
 ROBERTIN, ARA:MGT:SOP

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Forward to the Personnel Office for completion)

1. CLEARANCES		INITIALS OR SIGNATURE		DATE		2. REQUEST APPROVED BY		3. REQUESTED BY		4. REQUESTED BY		5. REQUESTED BY	
12. REASON FOR CONTINUATION						13. SUBJECT TO COMPLETION		14. REASON FOR CONTINUATION		15. REASON FOR CONTINUATION		16. REASON FOR CONTINUATION	
13. REASON FOR CONTINUATION						17. REASON FOR CONTINUATION		18. REASON FOR CONTINUATION		19. REASON FOR CONTINUATION		20. REASON FOR CONTINUATION	
14. EMPLOYMENT						21. REASON FOR CONTINUATION		22. REASON FOR CONTINUATION		23. REASON FOR CONTINUATION		24. REASON FOR CONTINUATION	
15. APPROVED BY						25. REASON FOR CONTINUATION		26. REASON FOR CONTINUATION		27. REASON FOR CONTINUATION		28. REASON FOR CONTINUATION	

ARA:MGT:SOP:MEASHE 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

OCTOBER 6 1967

539700 SHAW ROBERT T

FR 03-03 116,941 117,724 118,501

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

539700 SHAW ROBERT T

FR 03-02 115,929 116,391 117,801

FORM 05-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG. CODE 3130	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE 01130 2081	EFFECTIVE DATE 7-01-67	DATE OF LAST EQUIV. INCREASE
EMPLOYEE NAME SHAW ROBERT T	EMPLOYEE NO. 539700	CATG. & CLASS FR 03	NEW SALARY 116,941	OLD SALARY RATE 116,391	Periodic Step-Increase <input checked="" type="checkbox"/>
LWOP DATA (fill in appropriate spaces covering LWOP during following periods) Periods: 1. Total excess LWOP. TOTAL EXCESS LWOP _____ 2. Check includes tax in case of excess LWOP _____ 3. IN PAY STATUS AT END OF WAITING PERIOD _____ 4. IN LWOP STATUS AT END OF WAITING PERIOD. _____			Other Step Increase <input type="checkbox"/> _____ Pay Adjustment <input type="checkbox"/> _____		
REMARKS			Initials of Clerk _____		

Performance rating is satisfactory or better.

JOHN M. STEEVES

Signature of other person whose



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT M. <div></div>	2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514
	4. SOCIAL SECURITY NUMBER <div></div>	
	5. CLASS R-03	6. AUTHORIZATION DATE JULY 6, 1966
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE <div></div>	1011	8. DO NOT START TRAVEL PRIOR TO 1-067(P)

9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc., CB 11, etc.

A. FUND 1970113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001	E. FUNCTION 50-05
10A. STATION OF ORIGIN MEXICO, D.F., MEXICO	10B. LOCATION CODE 31201	11. OBJECT 2099		
12. STATION OF DESTINATION MANAGUA, NICARAGUA	13. AMOUNT			

14. QUARTERS AVAILABILITY 1 UNKNOWN 2 UNFURNISHED 3 FURNISHED 1	15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 03900 B. TOTAL ALLOWANCE 13000	16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1 YES 2 NO B. MEETS CRITERIA OF 6 FAM 103.2, SUBSECTION 1 C. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WEEKDAYS) 00 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000
17. NUMBER OF DEPENDENTS A. ADULTS 2 B. 2 to 12 2 C. UNDER 2 0		

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.

20. SALARY pa \$ 16,391	21. SALARY APPROPRIATION AND ALLOTMENT 01130 2081	22. PAY EFFECTIVE DATE 727 07-17-66	23. DPL CODE Q
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).		10700700 00036	

25. EID (Old form)	26. EIA (New post)	27. AUTHORIZING OFFICER JOHN M. STEEVES
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/MANAGUA		6
29. TRAVEL REQUESTED BY A. OFFICE ARA/EX B. OFFICER JONES		

Form 06-1031
1-63

(Replaces Form 06-1031)
(M and B of 8 July 1961)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE CLASSIFICATION E-5		E. ROUTING 1. DIRECTOR 2. ASST. DIR. 3. CHIEF OF BUREAU		F. CO/CD 7/17/66		G. SOCIAL SECURITY NO.					
1. NAME (CAPS): Last First Middle SHAW, Robert T.				MR. MISS MRS Mr.		2. EMPLOYEE NO. & SEX XXXX 539700		3. BIRTH DATE 06/18/25		4. SOCIAL SECURITY NO.							
7. KIND OF ACTION REQUESTED (1) PERSONNEL (2) PHYSICAL HANDICAP (3) RETIREMENT (4) OTHER												RIF CODE		G. POSITION		SKILL CODES	
(2) POSITION (Specify position, grade, and title)												H. POSITION VACATED 1. Formerly filled 2. Vacant 3. Other					
5. VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT DSAB 4-10 PT COMP 5-10 PT OTHER				6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE									
9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED				10. RETIREMENT 1-CS 2-PICA		11. FTS 4-NONE 5-OTHER		12. NATURE OF ACTION 727 Transfer				13. EFFECTIVE DATE (M/D/Y) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			

15. FROM POS NO 3-229		16. PAY PLAN AND OCCUPATION CODE FR-3011		17. GRADE OR LEVEL 03		18. SALARY pg 15,395 16,391	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico							

20. TO POS NO 1-067		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE 03		23. SALARY pg 15,395 16,391		24. ORGANIZATION DESIGNATION Managua (V. PATTON)	
DPL CODE Q								NEXT PD DUE 15,712			

25. DUTY STATION (If any State) Managua, Nicaragua				26. LOCATION CODE			
27. APPROPRIATION CODE 01130 02-2081		313001		28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

REMARKS (If any): Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

3. REQUESTED BY SIGNATURE: [Signature] TITLE: ASST. DIR. SOF: [Signature]			4. REQUEST APPROVED BY SIGNATURE: [Signature] TITLE: ASST. DIR. SOF: [Signature]		
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items marked with asterisk (*) are to be completed by the requesting office.)					
5. CLEARANCES		INITIALS OR SIGNATURE		DATE	
* 1. OFFICE OF PERSONNEL CONTROL					
* 2. CLASSIFICATION					
* 3. EMPLOYMENT					
APPROVED BY: [Signature]		DATE: 7/5/66			
6. EXTRACTED FROM ADVANCE (Rating Satisfaction) <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D <input type="checkbox"/> 1E <input type="checkbox"/> 1F <input type="checkbox"/> 1G <input type="checkbox"/> 1H <input type="checkbox"/> 1I <input type="checkbox"/> 1J <input type="checkbox"/> 1K <input type="checkbox"/> 1L <input type="checkbox"/> 1M <input type="checkbox"/> 1N <input type="checkbox"/> 1O <input type="checkbox"/> 1P <input type="checkbox"/> 1Q <input type="checkbox"/> 1R <input type="checkbox"/> 1S <input type="checkbox"/> 1T <input type="checkbox"/> 1U <input type="checkbox"/> 1V <input type="checkbox"/> 1W <input type="checkbox"/> 1X <input type="checkbox"/> 1Y <input type="checkbox"/> 1Z <input type="checkbox"/> 1AA <input type="checkbox"/> 1AB <input type="checkbox"/> 1AC <input type="checkbox"/> 1AD <input type="checkbox"/> 1AE <input type="checkbox"/> 1AF <input type="checkbox"/> 1AG <input type="checkbox"/> 1AH <input type="checkbox"/> 1AI <input type="checkbox"/> 1AJ <input type="checkbox"/> 1AK <input type="checkbox"/> 1AL <input type="checkbox"/> 1AM <input type="checkbox"/> 1AN <input type="checkbox"/> 1AO <input type="checkbox"/> 1AP <input type="checkbox"/> 1AQ <input type="checkbox"/> 1AR <input type="checkbox"/> 1AS <input type="checkbox"/> 1AT <input type="checkbox"/> 1AU <input type="checkbox"/> 1AV <input type="checkbox"/> 1AW <input type="checkbox"/> 1AX <input type="checkbox"/> 1AY <input type="checkbox"/> 1AZ <input type="checkbox"/> 1BA <input type="checkbox"/> 1BB <input type="checkbox"/> 1BC <input type="checkbox"/> 1BD <input type="checkbox"/> 1BE <input type="checkbox"/> 1BF <input type="checkbox"/> 1BG <input type="checkbox"/> 1BH <input type="checkbox"/> 1BI <input type="checkbox"/> 1BJ <input type="checkbox"/> 1BK <input type="checkbox"/> 1BL <input type="checkbox"/> 1BM <input type="checkbox"/> 1BN <input type="checkbox"/> 1BO <input type="checkbox"/> 1BP <input type="checkbox"/> 1BQ <input type="checkbox"/> 1BR <input type="checkbox"/> 1BS <input type="checkbox"/> 1BT <input type="checkbox"/> 1BU <input type="checkbox"/> 1BV <input type="checkbox"/> 1BW <input type="checkbox"/> 1BX <input type="checkbox"/> 1BY <input type="checkbox"/> 1BZ <input type="checkbox"/> 1CA <input type="checkbox"/> 1CB <input type="checkbox"/> 1CC <input type="checkbox"/> 1CD <input type="checkbox"/> 1CE <input type="checkbox"/> 1CF <input type="checkbox"/> 1CG <input type="checkbox"/> 1CH <input type="checkbox"/> 1CI <input type="checkbox"/> 1CJ <input type="checkbox"/> 1CK <input type="checkbox"/> 1CL <input type="checkbox"/> 1CM <input type="checkbox"/> 1CN <input type="checkbox"/> 1CO <input type="checkbox"/> 1CP <input type="checkbox"/> 1CQ <input type="checkbox"/> 1CR <input type="checkbox"/> 1CS <input type="checkbox"/> 1CT <input type="checkbox"/> 1CU <input type="checkbox"/> 1CV <input type="checkbox"/> 1CW <input type="checkbox"/> 1CX <input 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type="checkbox"/> 1FO <input type="checkbox"/> 1FP <input type="checkbox"/> 1FQ <input type="checkbox"/> 1FR <input type="checkbox"/> 1FS <input type="checkbox"/> 1FT <input type="checkbox"/> 1FU <input type="checkbox"/> 1FV <input type="checkbox"/> 1FW <input type="checkbox"/> 1FX <input type="checkbox"/> 1FY <input type="checkbox"/> 1FZ <input type="checkbox"/> 1GA <input type="checkbox"/> 1GB <input type="checkbox"/> 1GC <input type="checkbox"/> 1GD <input type="checkbox"/> 1GE <input type="checkbox"/> 1GF <input type="checkbox"/> 1GG <input type="checkbox"/> 1GH <input type="checkbox"/> 1GI <input type="checkbox"/> 1GJ <input type="checkbox"/> 1GK <input type="checkbox"/> 1GL <input type="checkbox"/> 1GM <input type="checkbox"/> 1GN <input type="checkbox"/> 1GO <input type="checkbox"/> 1GP <input type="checkbox"/> 1GQ <input type="checkbox"/> 1GR <input type="checkbox"/> 1GS <input type="checkbox"/> 1GT <input type="checkbox"/> 1GU <input type="checkbox"/> 1GV <input 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type="checkbox"/> 1QB <input type="checkbox"/> 1QC <input type="checkbox"/> 1QD <input type="checkbox"/> 1QE <input type="checkbox"/> 1QF <input type="checkbox"/> 1QG <input type="checkbox"/> 1QH <input type="checkbox"/> 1QI <input type="checkbox"/> 1QJ <input type="checkbox"/> 1QK <input type="checkbox"/> 1QL <input type="checkbox"/> 1QM <input type="checkbox"/> 1QN <input type="checkbox"/> 1QO <input type="checkbox"/> 1QP <input type="checkbox"/> 1QQ <input type="checkbox"/> 1QR <input type="checkbox"/> 1QS <input type="checkbox"/> 1QT <input type="checkbox"/> 1QU <input type="checkbox"/> 1QV <input type="checkbox"/> 1QW <input type="checkbox"/> 1QX <input type="checkbox"/> 1QY <input type="checkbox"/> 1QZ <input type="checkbox"/> 1RA <input type="checkbox"/> 1RB <input type="checkbox"/> 1RC <input type="checkbox"/> 1RD <input type="checkbox"/> 1RE <input type="checkbox"/> 1RF <input type="checkbox"/> 1RG <input type="checkbox"/> 1RH <input type="checkbox"/> 1RI <input type="checkbox"/> 1RJ <input type="checkbox"/> 1RK <input type="checkbox"/> 1RL <input type="checkbox"/> 1RM <input type="checkbox"/> 1RN <input type="checkbox"/> 1RO <input type="checkbox"/> 1RP <input type="checkbox"/> 1RQ <input type="checkbox"/> 1RR <input type="checkbox"/> 1RS <input type="checkbox"/> 1RT <input type="checkbox"/> 1RU <input type="checkbox"/> 1RV <input type="checkbox"/> 1RW <input type="checkbox"/> 1RX <input type="checkbox"/> 1RY <input type="checkbox"/> 1RZ <input type="checkbox"/> 1SA <input type="checkbox"/> 1SB <input type="checkbox"/> 1SC <input type="checkbox"/> 1SD <input type="checkbox"/> 1SE <input type="checkbox"/> 1SF <input type="checkbox"/> 1SG <input type="checkbox"/> 1SH <input type="checkbox"/> 1SI <input type="checkbox"/> 1SJ <input type="checkbox"/> 1SK <input type="checkbox"/> 1SL <input type="checkbox"/> 1SM <input type="checkbox"/> 1SN <input type="checkbox"/> 1SO <input type="checkbox"/> 1SP <input type="checkbox"/> 1SQ <input 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type="checkbox"/> 1XX <input type="checkbox"/> 1XY <input type="checkbox"/> 1XZ <input type="checkbox"/> 1YA <input type="checkbox"/> 1YB <input type="checkbox"/> 1YC <input type="checkbox"/> 1YD <input type="checkbox"/> 1YE <input type="checkbox"/> 1YF <input type="checkbox"/> 1YG <input type="checkbox"/> 1YH <input type="checkbox"/> 1YI <input type="checkbox"/> 1YJ <input type="checkbox"/> 1YK <input type="checkbox"/> 1YL <input type="checkbox"/> 1YM <input type="checkbox"/> 1YN <input type="checkbox"/> 1YO <input type="checkbox"/> 1YP <input type="checkbox"/> 1YQ <input type="checkbox"/> 1YR <input type="checkbox"/> 1YS <input type="checkbox"/> 1YT <input type="checkbox"/> 1YU <input type="checkbox"/> 1YV <input type="checkbox"/> 1YW <input type="checkbox"/> 1YX <input type="checkbox"/> 1YY <input type="checkbox"/> 1YZ <input type="checkbox"/> 1ZA <input type="checkbox"/> 1ZB <input type="checkbox"/> 1ZC <input type="checkbox"/> 1ZD <input type="checkbox"/> 1ZE <input type="checkbox"/> 1ZF <input type="checkbox"/> 1ZG <input type="checkbox"/> 1ZH <input type="checkbox"/> 1ZI <input type="checkbox"/> 1ZJ <input type="checkbox"/> 1ZK <input type="checkbox"/> 1ZL <input type="checkbox"/> 1ZM <input type="checkbox"/> 1ZN <input type="checkbox"/> 1ZO <input type="checkbox"/> 1ZP <input type="checkbox"/> 1ZQ <input type="checkbox"/> 1ZR <input type="checkbox"/> 1ZS <input type="checkbox"/> 1ZT <input type="checkbox"/> 1ZU <input type="checkbox"/> 1ZV <input type="checkbox"/> 1ZW <input type="checkbox"/> 1ZX <input type="checkbox"/> 1ZY <input type="checkbox"/> 1ZZ					

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F.	312A		01130 2081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	539700	FSR 03	\$15,989	\$15,395	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):

Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

☐ Check applicable box in case of excess LWOP:

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk _____

REMARKS

Performance rating is satisfactory or better.

JAMES E. MOOPNAGLE

(Signature of other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700 SHAW ROBERT T

FSR 03-01 \$14,860 \$15,395 \$15,989 312801

SUBMITTING OFFICE NO 2951

RAY INC. FFF. 7-5-64 PL AR-426

NAME

PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGAN

SHAW ROBERT T

F R

4

12.850

13.335

4

312801

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

FORM DS-1042
7-13-60

POST OFFICE	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ	7128	NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO	CATG & CLASS NEW SALARY SERV & GRADE RATE	OLD SALARY RATE		
SHAW ROBERT T	830760	FSR 4	\$ 12,850	\$ 12,490	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Other Step-Increase		
<input type="checkbox"/> NO EXCESS LWOP TOTAL EXCESS LWOP			<input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					

REMARKS

Performance rating is satisfactory or better

EARL D. SOMM

(Signature of Civil Administration)

REFORMED COPY

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 612
REVISED JUNE 1960
APPROVED BY:
COMP. GEN. U. S.
MARCH 17, 1961
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 40

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of Mexico
Embassy of the United
States of America

SS:

PER file

I, Robert T. Shaw
(Name in full)

Arizona
(State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico
(City) (State)

[SEAL]

E. E. Reeves
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico D.F., Mexico
(Place of employment)

Consul
(Position to which appointed)

September 10, 1963
(Date of signature on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 204, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM 100

PERSONNEL NUMBER

10 copies of this form are required by
the Department of State, Bureau of Consular Affairs,
Washington, D.C. 20520.

NOTIFICATION OF PERSONNEL ACTION

SERVICE FS			
1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25
4 SOCIAL SECURITY NO. [REDACTED]		5 SERVICE CLASS DATE 08-28-48	6 SERVICE CLASS CODE 0
7 RETIREMENT 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		8 GRADE (3)	9 STEP 0
10 EFFECTIVE DATE 09-10-63		11 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
12 NATURE OF ACTION 98		13 FROM POSITION TITLE AND NUMBER [REDACTED]	
14 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.		15 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	
16 GRADE (04)		17 SALARY (pa\$11,880) 1	

20 TO POSITION 3-229	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04)	23 SALARY (pa\$11,880) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.	25 DUTY STATION (if not same as above) MEXICO CITY, D.F., MEXICO		
26 LOCATION CODE 915300595		27 APPOINTMENT AJ -A-2081- 312801-32 A78	

28 POSITION OCCUPIED 1. COMBINATION 2	29 APPROPRIATE POSITION 1. PHASED IN 2. PHASED OUT 2
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30 REMARKS [REDACTED]	31 SIGNATURE (SEE INSTRUCTIONS) [REDACTED]
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32 DATE OF APPOINTMENT 09-10-63	33 DATE 09-10-63
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34 DATE OF APPOINTMENT 09-10-63	35 DATE 09-10-63
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36 DATE OF APPOINTMENT 09-10-63	37 DATE 09-10-63
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38 DATE OF APPOINTMENT 09-10-63	39 DATE 09-10-63
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40 DATE OF APPOINTMENT 09-10-63	41 DATE 09-10-63
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42 DATE OF APPOINTMENT 09-10-63	43 DATE 09-10-63
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44 DATE OF APPOINTMENT 09-10-63	45 DATE 09-10-63
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46 DATE OF APPOINTMENT 09-10-63	47 DATE 09-10-63
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48 DATE OF APPOINTMENT 09-10-63	49 DATE 09-10-63
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50 DATE OF APPOINTMENT 09-10-63	51 DATE 09-10-63
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52 DATE OF APPOINTMENT 09-10-63	53 DATE 09-10-63
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54 DATE OF APPOINTMENT 09-10-63	55 DATE 09-10-63
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56 DATE OF APPOINTMENT 09-10-63	57 DATE 09-10-63
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58 DATE OF APPOINTMENT 09-10-63	59 DATE 09-10-63
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60 DATE OF APPOINTMENT 09-10-63	61 DATE 09-10-63
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Form 08-1081

Replaces SF 11 approved by
4-6-60 and SF 11-10-60

REQUEST FOR PERSONNEL ACTION

PCS

PART I. REQUESTING OFFICE

(Fill in name, grade, title, and office of the person making the request)

A DATE OF REQUEST 2/26/63	B EMPLOYEE'S GRADE ASAP	C EMPLOYEE'S NAME SHAW, ROBERT T.	D SERVICE PO	E RESIDING TEN: EX 7/4 POD: TR	F POSITION POD: ARA FED: 100 AAR 7/1	G PAY/PS 7/10
H NAME (Last, First, Middle) SHAW, ROBERT T.		I MR. / MRS. / MISS / MRS. MR.	J EMPLOYEE NO. A 539700	K BIRTH DATE 06/18/25	L SOCIAL SECURITY NO.	M POSITION VACATED N/A
N KIND OF ACTION REQUESTED (If Personnel Action, specify appropriate authority, regulation, etc.)				O POSITION VACATED N/A		

(2) POSITION: Specify grade, title, and office.

1. VETERAN PREFERENCE 2. NO 3. 10 PT DUAL 4. 10 PT DUAL 5. 10 PT OTHER	6. TENURE CODE 3 IG	7. PHYSICAL HANDICAP CODE 08-28-48
8. FEEL 1. COVERED 2. INTEREST 3. DRAWD 4. RETIREMENT 5. CO 6. FEA	9. PAY 1. PAY 2. PAY 3. PAY 4. PAY 5. PAY 6. PAY	10. GRADE OR LEVEL 03-63
11. NATURE OF ACTION 980	12. EFFECTIVE DATE (M/Y) 09-10-63	13. CIVIL SERVICE (OPTIONAL) LEGAL AUTHORITY Section 5-2-2-1-721 Title Congress amended

14. FROM POS NO 3-229	15. PAY PLAN AND OCCUPATION CODE FBR 3011 FQ	16. GRADE OR LEVEL 04-06	17. SALARY (p.a. \$11,800) 15
18. ORGANIZATION DESIGNATION			

19. TO POS NO 3-229	20. PAY PLAN AND OCCUPATION CODE FBR 3011 FQ	21. GRADE 04-06	22. STEP 15	23. SALARY (p.a. \$11,800) 1
24. ORGANIZATION DESIGNATION				

25. INSTITUTION Mexico City, Mexico	26. INSTITUTION CODE 915.300595
27. APPROPRIATION CODE A-2081 PROGRAM	28. POSITION OCCUPIED 2
29. APPROPRIATION POSITION CODE	30. STATE

Presidential Commission required.

APPOINTED BY THE PRESIDENT AS

NOMINATED: 08-26-63
CONFIRMED: 09-09-63
ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 31a and 31b)

I, Robert Tyler Shaw Arizona
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw Robert Tyler Shaw
(Type name of appointee) (Sign as appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963.

D. C.
(State)

[SEAL]

Sec. 206, Act of June 28, 1948
(Title)

(Department or agency) (Bureau or division)

Mexico City
(Place of employment)

NOV 2-27-63
(Position to which appointed) (Date of contract or duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 28, 1948, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

NOTIFICATION OF PERSONNEL ACTION

25 DUTY STATION (If not a home base) MEXICO D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION	ORG OR POST CODE	CITY CODE	28 POSITION OCCUPIED - COMPETITIVE
AJ	-A-2081-3128-32 12801 A78	2	2 ACCEPTED TEMP. CB
		29 APPORTIONED POSITION	STATE
		FROM: 1 PROJ-EC 1 2 AA FED-2	TO:

SEPARATIONS SHOW REASON BELOW, AS REQUIRED	CHECK IS APPLICABLE	100%	100%
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7) A person is interested in the relationship between the number of hours per week that a person works and the number of hours per week that a person exercises. The person has collected data on 100 people and has found the following correlation coefficient: $r = 0.45$. The person wants to know if there is a significant relationship between the two variables. The person has decided to use a significance level of $\alpha = 0.05$. The person has also decided to use a two-tailed test. The person has calculated the test statistic and has found that it is $t = 2.34$. The person wants to know if there is a significant relationship between the two variables. The person has decided to use a significance level of $\alpha = 0.05$. The person has also decided to use a two-tailed test. The person has calculated the test statistic and has found that it is $t = 2.34$.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS
SUBJECT TO THE NEEDS OF THE SERVICE).

ST DATE OF APPOINTMENT AFFIDAVIT	DATE OF EXPIRATION	AND TITLE
ST OFFICE MAINTAINING PERSONNEL RECORDS		
ST CODE		
ST 01		
CIP		

2 PERSONNEL FILE

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE *(This is the part of the form to be completed by the office requesting the records.)*

PART I. REQUESTING OFFICE (Fill in every except those in boxes marked)									
A. DATE OF REQUEST		B. AUTHORIZED SIGNATURE		C. REQUEST NUMBER		D. SERVICE POSITION		E. FUNDING	
2/25/63		ASAP				FS		FEDERAL POSTAL SERVICE	
1. NAME (CAPS: Last First Middle)				MR. MRS. MRS.		EMPLOYEE NO. (SEE 539700)		BIRTH DATE (MM/DD/YY)	
SHAW, ROBERT T.				MR.				06/12/25	
2. KIND OF ACTION REQUESTED (1) PERSONNEL (2) SPECIAL ASSIGNMENT (3) REASSIGNMENT (4) PROMOTION (5) TRANSFER (6) RETIREMENT (7) DEATH (8) OTHER						3. POSITION		4. SOCIAL SECURITY NO.	
						4. POSITION		5. SOCIAL SECURITY NO.	
12. POSITION (Specify address, room, station, etc.)						13. POSITION VACATED		14. REASON (1) Resigned (2) Retired (3) Other	
5. VETERAN PREFERENCE		6. TENURE CODE		7. SERVICE LEAVE DATE		8. PHYSICAL HANDICAP CODE			
1-NO 2-5 PT 3-10 PT DISAB 4-10 PT COMP		9-10 PT OTHER		3 G				0	
9. REGAL		10. RETIREMENT		11. PAY PLAN AND OCCUPATION CODE		12. GRADE OR LEVEL		13. SALARY	
1- COVERED 2- INELIGIBLE 3- WAIVED		1- CS 2- PICA		3 FS 4- NONE 5- OTHER		10A MO & YR OF GRADE		11. PAY CH. PER	
				7		03-63			
12. NATURE OF		13. EFFECTIVE DATE (MM/DD/YY)		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		15. GRADE OR LEVEL		16. SALARY	
171		3-27-63		Section 522.1 - P. L. 724 - 79th Congress as amended					
15. FROM POS NO.		POSITION TITLE		16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL		18. SALARY	
19. ORGANIZATION DESIGNATION									
20. TO POS NO.		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE		23. SALARY	
3-229				FR-3011		04		(p.a. \$11,880) 1	
24. ORGANIZATION DESIGNATION				F-6		06		15	
25. ORGANIZATION DESIGNATION									
26. ORGANIZATION DESIGNATION									

25 DUTY STAT. *DF*
Mexico *DF* Mexico
26 TELEPHONE NO. *915.300.595*
27
12301
15 *A-2091*
PROGRAM *3128-32 A72* *2* *air*

Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DS 1031 for Granting of Consular Title.

~~Tour of duty (a)~~

James M. Graham, Chief Patricia C. Jolink

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

James Madrid *Bureau*
PSD-2 *Control 44163*

PERIODICITY: 2/28/83 App: CH /

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tyler
(DOB: 6/18/25)

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

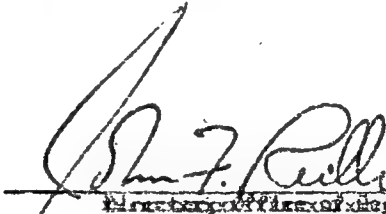
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐



Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:ec

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED 10-1-60
U.S. GOVERNMENT PRINTING OFFICE
16-50801-1 (10-60)

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retirement credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial) SHAW, Robert T.						2. DATE OF BIRTH 6-18-25				9. RETENTION GROUP		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF ANY		11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			YEAR	MONTH	DAY
FOREIGN SERVICE DEPT OF STATE		49	10		52	2						
		52	5		54	7						
DEPT OF DEFENSE FOREIGN SERVICE DEPT OF STATE		54	7		56	5						
		56	6		61	5						
		61	5		63	3						
A. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Kind or Dishonorable)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
ARMY		43	9	11	45	3	8	HON.				
B. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (Lb Op, Full, Sup, AWOL, Mor Mor)		FROM—			TO—			TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only)		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	14. NONCREDITABLE SERVICE (RIF purposes only)	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										15. UNEMPLOYMENT RIGHTS		
7. ARE YOU: A. THE WIFE OF A DECEASED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNEMPLOYED WIFE OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. EXPIRATION DATE OF SENIORITY RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
<div style="display: flex; justify-content: space-between;"> <div> <p>EOB 3-27-63 (DATE)</p> <p>Submitted and sworn to before me on this 27th day of March, 1963 at Washington, D. C.</p> <p style="text-align: center;">B K A L</p> </div> <div style="text-align: right;"> <p><i>Robert T. Shaw</i> (SIGNATURE)</p> <p><i>Ronald C. Smith</i> (SIGNATURE)</p> </div> </div>												
<p>NOTE: If oath is taken before a Notary Public, the date, time, and place of oath shall be shown.</p> <p>INSTRUCTIONS: Fill this form in the permanent file of the employee's official personnel folder same-day before or after the personnel action specified.</p>												

(OVER)

FORM DSP-34
5-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Admission Bureau No. 47-8071.6
Approval Expires June 30, 1955

U.S. NAME (Print)

Robert Tyler Shaw

B. ADDRESS

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

☒ Foreign Service only

☐ Departmental only

☐ Foreign service and departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section II on Form 57)

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO
(Give details, if answer is yes to a. or b.)

c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)

\$

Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)

Janet I Shaw

5. DATE OF BIRTH

12 April 1927

6. PLACE OF BIRTH (City, State or Province, and Country)

9. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

10. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS?
Janet I Shaw	Wife	12 April 1927	X
Barbara I Shaw	Daughter	27 July 1952	X
Richard E Shaw	Son	10 September 1955	X
Thomas E Shaw	Son	10 September 1955	X

10. a. FATHER'S NAME

Shaw

11. PRESENT ADDRESS

12. PLACE OF BIRTH

11. a. MOTHER'S NAME

Shaw

13. PRESENT ADDRESS

14. PLACE OF BIRTH

Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)

FATHER

☐ YES

☐ NO

MOTHER

☐ YES

☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? ☒ YES ☐ NO

If "YES" give date, nature of position applied for, and kind of examination taken, if any.

Asst. Attaché, PSS-7, Caracas, Venezuela, 1949-52

Vice Consul, PSS-9, Guayaquil, Ecuador, 1952-54.

FORM 517-31 9-1-55		PAGE 7
14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES		
NAME	RELATIONSHIP	ADDRESS
15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:		
A. BUSINESS		
B. EMPLOYMENT		
16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF "NO," STATE INFORMATION REQUESTED BELOW:		
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
17a. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
b. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.		
18. PRESENT MILITARY STATUS		
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:		
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:		
LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:		
19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.		
20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
	c/o Dept. of State	Retired, FSO
	c/p Dept. of State	FSO/Dept.
	c/o Dept. of State	FSO/Dept.
	Remington Rand, N.Y.C.	Corp. President
	Dept. of Air Force	Judge Advocate
L SERVICE RETIREMENT SYSTEM		23. SOCIAL SECURITY NUMBER, IF ANY:
22. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.		
DATE 10 February 1956	SIGNATURE <i>Robert Shaw</i>	

STATE - CO, WASHINGTON, D.C.

APPLICATION FOR FEDERAL EMPLOYMENT

87-102

[illegible]

17 AVAILABILITY INFORMATION

A. Lowest grade or pay you will accept or grade PSN-4		B. Will you accept temporary appointment for other appointments? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate by "X" in appropriate box or boxes. <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 4 to 12 months	
C. Will you accept less than 1 year's employment for more than 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		D. Are you willing to report to: <input type="checkbox"/> Not at all <input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently	
E. Will you accept employment in Washington, D.C.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Outside U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		F. Will you accept appointment only to certain positions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list locations	

10. ACTIVE MILITARY SERVICE AND VETERAN STATUS: ☐

A. List Dates, Branch, and Detail or Service Number of All Active Service

From	To	Branch of Service	Serial or Service Number
September 11, 1943		March 8, 1945	Army

B. Have you ever been discharged from the armed forces under other than honorable conditions?

☐ Yes (Give details on form 39) ☒ No

C. Do you claim a point preference based on wartime military service?

☒ Yes ☐ No

D. Do you claim a point preference based on service during peacetime campaign?

☐ Yes (Complete and attach Standard Form 15) ☒ No

E. Do you claim 10 point preference?

☐ Yes ☒ No

If "Yes" check type of preference claimed and complete and attach Standard Form 15 "Veteran Preference Claim" TYPE ☐ Compensable disability ☐ Disability ☐ Wife ☐ Meritorious ☐ Meritorious

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in paragraph 4 however, it has been verified with the discharge certificate and in other formal documents that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED ☐ 5-point ☐ 10-point (Group 1) Disadv ☐ Other 10-point ☐ None

Signature and Title	Agency	Date
---------------------	--------	------

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961 To present time	Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C. Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Department of State		Name, title, and present address of immediate supervisor Thomas Linthicum	
Reason for leaving Desire to re-enter Foreign Service			
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.			
2	Dates of employment (month, year) From June 1958 To May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7490 per annum Final \$9900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy	
Reason for leaving Accept employment in the Department			
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.			
3	Dates of employment (month, year) From July 1954 To May 1956	Exact title of position Foreign Affairs Officer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ 57785 per annum Final \$7785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C. Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff		Name, title, and present address of immediate supervisor Oliver W. Anthony	
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-202

INSTRUCTIONS:—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF POSITION APPLIED FOR (or kind of examination) FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET

5. DATES OF EMPLOYMENT (month, year) FROM May 1952 TO July 1954		6. BASIC TITLE OF YOUR POSITION Vice Consul	
7. SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		8. CLASSIFICATION GRADE (if in Federal Service) FSS-9	9. PLACE OF EMPLOYMENT CITY Guayaquil, STATE Ecuador
10. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		11. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt	
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer			

REASON FOR LEAVING: **Position with Dept of Defense**
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.**

13. DATES OF EMPLOYMENT (month, year) FROM Oct 1949 TO Feb 1952		14. BASIC TITLE OF YOUR POSITION Asst Attache	
15. SALARY OR EARNINGS STARTING \$ FSS-10 PER FINAL \$ FSS-9 PER		16. CLASSIFICATION GRADE (if in Federal Service) FSS-9	17. PLACE OF EMPLOYMENT CITY Washington & Caracas, Ven STATE Government
18. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		19. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Government	
20. NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour			

REASON FOR LEAVING:
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs**

21. DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949		22. BASIC TITLE OF YOUR POSITION Editor	
23. SALARY OR EARNINGS STARTING \$ 2400 PER SENIOR FINAL \$ 3600 PER S		24. CLASSIFICATION GRADE (if in Federal Service)	25. PLACE OF EMPLOYMENT CITY Cincinnati STATE Ohio
26. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		27. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture	
28. NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Prantz		29. NAME AND TITLE OF IMMEDIATE SUPERVISOR Chief, Personnel Relations	
REASON FOR LEAVING: Desire for Foreign Service			
DESCRIPTION OF WORK: Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.			

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, (P.A., etc.))	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilink, comptometer, key punch, turret lathes, transcribing machine, stenotype or professional diction)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies; etc.; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1943		Bath High School, Fairborn, Ohio					
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
The Ohio State Univ												1943	1943	2/3					
The Ohio State Univ												1945	1945	2/3		49			
University of Arizona												1945	1947	3		132		BA	1947
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects		Semester Hours Credit	Quarter Hours Credit		
Spanish												35							
History & Poli Sci												26							
G. State major field of study at highest level of college work																			
Spanish																			
H. Other schools of training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.																			
Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons																			

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☒ Yes ☐ No

If Yes, give in Item 33 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or recreation)

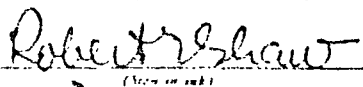
23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Use	Good	Use	Good	Use	Good	Use	Good
Spanish		X		X		X		X
Portuguese		X						X
French				X				

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont 825 5th Ave	Former Ambassador to Mexico
Norman Armour	New York 21, N.Y.	Former Ambassador to Venezuela
Chester H. Kimrey	Deatus Estates Nogales, Arizona	Former Consul at Nogales

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN			
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:	YES	NO	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Have you any physical handicap, chronic disease, or other disability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Have you ever had a nervous breakdown?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Have you ever had tuberculosis? If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? If your answer is "Yes," give in Item 39 for each relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Are you an official or employee of any State, territory, county, or municipality? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Have you ever been discharged (fired) from employment for any reason?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. While in the military service were you ever arrested for an offense which resulted in a trial by court-martial, special, or general court-martial? If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
Item No.	22. China - Reside w/parents 1931-34	Item No.	Venezuela/Asst Att/1949-52
	Mexico - Travel since 45, Vice Consul & Consul at Havana 1956-59		Ecuador/Vice Consul/Guayaquil/1952-54
			Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines
			Hong Kong
If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.			
ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.			
CERTIFICATION			
I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.			
Signature of applicant		Date	11/2/63

FORM DS-1032 (Exception to SF 50 approved by CSC and E of B April 22, 1960)		NOTIFICATION OF PERSONNEL ACTION		JOURNAL NUMBER	
NAME MR. ROBERT T. SHAW SHAW ROBERT T		SERVICE - DEPARTMENT		F.S.	DATE 05-25-61
DATE OF BIRTH 06-18-25		539700		EMPLOYEE NUMBER	DATE 05-28-52
DATE ADT. AFTER 04-28-48		05-28-52		LEGAL RESIDENCE BU VA	DATE OF BIRTH 20 20
MARRIED 2		02 ADJUTANT		1	009
THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT					
NATURE OF ACTION (USE STANDARD FORMS)				18 EFFECTIVE DATE OF ACTION	19 NA CODE
RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB				05-12-61	82
21 LEGAL AUTHORITY FROM:				20 APPORTIONED POSITION	1 - YES 2 - NO 3 - WAIVED
FOREIGN SERVICE RESERVE OFFICER				22 POSITION TITLE	23 FULL-TIME/2ND
2333 FSR-04-44-10,945-0-0000-000				24 POSITION IS IN THE 1-COMPETITIVE	25 CODE
DEPARTMENT GROUP I-C				26 DPL-CONS TITLE	27 PAYROLL CODE
02-59 AQ -1A-7026 I				28 DATE ASSIGNED	29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER
30 ORGANIZATION				31 POS. VACATED (1-REMOVE, 2-REMAINS)	32 POS. CODE
33 MONTH AND YEAR OF GRADE				34 POSITION IS IN THE 1-COMPETITIVE	35 CODE
36 DATE ASSIGNED				37 RETIREMENT	38 F.S. REASON FOR TRANSFER
39 CIGY & CLASS				40 F.S. SALARY	41 MONTH AND YEAR OF GRADE
42 DATE ASSIGNED				43 CIGY & CLASS	44 F.S. SALARY
45 MONTH AND YEAR OF GRADE				46 POSITION IS IN THE 1-COMPETITIVE	47 CODE
This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.					
a. Subject to completion of 1 year probationary (or trial) period commencing					
b. Service being toward career or permanent position					
REASON - TO ACCEPT OTHER EMPLOYMENT.					
NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.					
ADDRESS: C/o FOREIGN SERVICE MAIL ROOM, WASHINGTON, D. C.					
EMPLOYING DEPARTMENT OR AGENCY DEPARTMENT OF STATE					
ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN OFFICE OF PERSONNEL - WASHINGTON 25, D. C.					
PERSONNEL FOLDER					

Robert T. Shaw TO FLAGG 100100000

Resignation COB 5/12/61

No lump sum payment authorized for leave.

E. Kathryn Mallow

E. Kathryn Mallow, Chief
Leave and Retirement Section

Address:

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

REPORT OF THE BOARD OF SUPERVISORS

THOMAS' CATER' LEBEN/BOU

SEPARATION DATA

RESIGNATION

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,

RT Shaw

Robert T. Shaw
Foreign Service Reserve Officer

5-12-61

A1950 SHAW ROBERT Y

FSR- 4 FROM 19175 TO 10965 PAY RAISE 6374 20000 PLEASE

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST SALARY INCREASE
DEPARTMENT	0011		1A-7025	7-1-60	2-50
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT Y	A1950	FSR-4	110,175	57,000	

LWOP DATA (fill in appropriate box as indicated by LWOP being followed by):

☐ NO EXCESS LWOP TOTAL EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ IN LWOP STATUS AT END OF WAITING PERIOD

☐ Oil or Strap-Increase

☐ Pay Adjustment

REMARKS

Performance rating satisfactory or better

J.J. 2072

Signature of officer submitting

RECORDING COPY

Acceptance to be made
Approved by the
Director of the Bureau
May 1951

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SECRET

☒ FS ☐ DFEL

A1950

1. NAME (Last, first, middle initial, and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FA-54	4. DATE 7-21-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Transfer		6. EFFECTIVE DATE 7-26-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
8. POSITION TITLE Diplomatic or Consular Title		9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$9900		
10. ORGANIZATIONAL DESIGNATIONS Mogales		11. HEADQUARTERS Department		
12. DS CATEGORY <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Non-US <input type="checkbox"/> Regular <input type="checkbox"/> Resident		13. POSITION CLASSIFICATION ACTION Group I-6		
14. VETERAN'S PREFERENCE <input type="checkbox"/> NONE <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> Disab. <input type="checkbox"/> Other		15. RETIREMENT COVERAGE <input checked="" type="checkbox"/> OSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		
16. SEX M		17. DATE OF APPOINTMENT AFFIDAVITS (Accession Only) OA-4011 OA-3025		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department				
21. SIGNATURE AND SYMBOL AUTHENTICATION				

ENTRANCE PERFORMANCE RATING

PERSONNEL FOLDER

Form 100-10 Exception to SF-52 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		ROUTING 1. WROS 1-16 2. ARA 1-16 3. AAB 1-16		4. T-16/64 5. 3 6. TRANS 7.		SERVICE 8. <input checked="" type="checkbox"/> DPL 9. <input type="checkbox"/> DPL	
1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 3-26-59	
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-fll) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: TDR B. APPROVED: 7-26-59		7. C.B. OR OTHER LEGAL AUTHORITY	
FROM: [Redacted] TO: [Redacted]		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY PSR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DE CATEGORY Department 13. PSS Category		14. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REAL <input type="checkbox"/> I.A. <input type="checkbox"/> GROUP I-e		15. VETERAN PRECEDENCE NONE <input type="checkbox"/> 9-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> DISAB OTHERS	
16. DES <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> REGULAR 17. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FROM: DT TO:		18. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		19. RETIREMENT COVERAGE <input checked="" type="checkbox"/> DEC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		20. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. REQUESTED BY (Name and title) TJudd, Chief, WROS		22. REQUEST APPROVED BY Signature and title DPD WWS, Asst. Chief, PER/POD		23. CLEARANCES INITIAL OR SIGNATURE DATE A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/> H. <input type="checkbox"/> I. <input type="checkbox"/> J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/> M. <input type="checkbox"/> N. <input type="checkbox"/> O. <input type="checkbox"/> P. <input type="checkbox"/> Q. <input type="checkbox"/> R. <input type="checkbox"/> S. <input type="checkbox"/> T. <input type="checkbox"/> U. <input type="checkbox"/> V. <input type="checkbox"/> W. <input type="checkbox"/> X. <input type="checkbox"/> Y. <input type="checkbox"/> Z. <input type="checkbox"/> AA. <input type="checkbox"/> AB. <input type="checkbox"/> AC. <input type="checkbox"/> AD. <input type="checkbox"/> AE. <input type="checkbox"/> AF. <input type="checkbox"/> AG. <input type="checkbox"/> AH. <input type="checkbox"/> AI. <input type="checkbox"/> AJ. <input type="checkbox"/> AK. <input type="checkbox"/> AL. <input type="checkbox"/> AM. <input type="checkbox"/> AN. <input type="checkbox"/> AO. <input type="checkbox"/> AP. <input type="checkbox"/> AQ. <input type="checkbox"/> AR. <input type="checkbox"/> AS. <input type="checkbox"/> AT. <input type="checkbox"/> AU. <input type="checkbox"/> AV. <input type="checkbox"/> AW. <input type="checkbox"/> AX. <input type="checkbox"/> AY. <input type="checkbox"/> AZ. <input type="checkbox"/> BA. <input type="checkbox"/> BB. <input type="checkbox"/> BC. <input type="checkbox"/> BD. <input type="checkbox"/> BE. <input type="checkbox"/> BF. <input type="checkbox"/> BG. <input type="checkbox"/> BH. <input type="checkbox"/> BI. <input type="checkbox"/> BJ. <input type="checkbox"/> BK. <input type="checkbox"/> BL. <input type="checkbox"/> BM. <input type="checkbox"/> BN. <input type="checkbox"/> BO. <input type="checkbox"/> BP. <input type="checkbox"/> BQ. <input type="checkbox"/> BR. <input type="checkbox"/> BS. <input type="checkbox"/> BT. <input type="checkbox"/> BU. <input type="checkbox"/> BV. <input type="checkbox"/> BW. <input type="checkbox"/> BX. <input type="checkbox"/> BY. <input type="checkbox"/> BZ. <input type="checkbox"/> CA. <input type="checkbox"/> CB. <input type="checkbox"/> CC. <input type="checkbox"/> CD. <input type="checkbox"/> CE. <input type="checkbox"/> CF. <input type="checkbox"/> CG. <input type="checkbox"/> CH. <input type="checkbox"/> CI. <input type="checkbox"/> CJ. <input type="checkbox"/> CK. <input type="checkbox"/> CL. <input type="checkbox"/> CM. <input type="checkbox"/> CN. <input type="checkbox"/> CO. <input type="checkbox"/> CP. <input type="checkbox"/> CQ. <input type="checkbox"/> CR. <input type="checkbox"/> CS. <input type="checkbox"/> CT. <input type="checkbox"/> CU. <input type="checkbox"/> CV. <input type="checkbox"/> CW. <input type="checkbox"/> CX. <input type="checkbox"/> CY. <input type="checkbox"/> CZ. <input type="checkbox"/> DA. <input type="checkbox"/> DB. <input type="checkbox"/> DC. <input type="checkbox"/> DD. <input type="checkbox"/> DE. <input type="checkbox"/> DF. <input type="checkbox"/> DG. <input type="checkbox"/> DH. <input type="checkbox"/> DI. <input type="checkbox"/> DJ. <input type="checkbox"/> DK. <input type="checkbox"/> DL. <input type="checkbox"/> DM. <input type="checkbox"/> DN. <input type="checkbox"/> DO. <input type="checkbox"/> DP. <input type="checkbox"/> DQ. <input type="checkbox"/> DR. <input type="checkbox"/> DS. <input type="checkbox"/> DT. <input type="checkbox"/> DU. <input type="checkbox"/> DV. <input type="checkbox"/> DW. <input type="checkbox"/> DX. <input type="checkbox"/> DY. <input type="checkbox"/> DZ. <input type="checkbox"/> EA. <input type="checkbox"/> EB. <input type="checkbox"/> EC. <input type="checkbox"/> ED. <input type="checkbox"/> EE. <input type="checkbox"/> EF. <input type="checkbox"/> EG. <input type="checkbox"/> EH. <input type="checkbox"/> EI. <input type="checkbox"/> EJ. <input type="checkbox"/> EK. <input type="checkbox"/> EL. <input type="checkbox"/> EM. <input type="checkbox"/> EN. <input type="checkbox"/> EO. <input type="checkbox"/> EP. <input type="checkbox"/> EQ. <input type="checkbox"/> ER. <input type="checkbox"/> ES. <input type="checkbox"/> ET. <input type="checkbox"/> EU. <input type="checkbox"/> EV. <input type="checkbox"/> EW. <input type="checkbox"/> EX. <input type="checkbox"/> EY. <input type="checkbox"/> EZ. <input type="checkbox"/> FA. <input type="checkbox"/> FB. <input type="checkbox"/> FC. <input type="checkbox"/> FD. <input type="checkbox"/> FE. <input type="checkbox"/> FF. <input type="checkbox"/> FG. <input type="checkbox"/> FH. <input type="checkbox"/> FI. <input type="checkbox"/> FJ. <input type="checkbox"/> FK. <input type="checkbox"/> FL. <input type="checkbox"/> FM. <input type="checkbox"/> FN. <input type="checkbox"/> FO. <input type="checkbox"/> FP. <input type="checkbox"/> FQ. <input type="checkbox"/> FR. <input type="checkbox"/> FS. <input type="checkbox"/> FT. <input type="checkbox"/> FU. <input type="checkbox"/> FV. <input type="checkbox"/> FW. <input type="checkbox"/> FX. <input type="checkbox"/> FY. <input type="checkbox"/> FZ. <input type="checkbox"/> GA. <input type="checkbox"/> GB. <input type="checkbox"/> GC. <input type="checkbox"/> GD. <input type="checkbox"/> GE. <input type="checkbox"/> GF. <input type="checkbox"/> GG. <input type="checkbox"/> GH. <input type="checkbox"/> GI. <input type="checkbox"/> GJ. <input type="checkbox"/> GK. <input type="checkbox"/> GL. <input type="checkbox"/> GM. <input type="checkbox"/> GN. <input type="checkbox"/> GO. <input type="checkbox"/> GP. <input type="checkbox"/> GQ. <input type="checkbox"/> GR. <input type="checkbox"/> GS. <input type="checkbox"/> GT. <input type="checkbox"/> GU. <input type="checkbox"/> GV. <input type="checkbox"/> GW. <input 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type="checkbox"/> IF. <input type="checkbox"/> IG. <input type="checkbox"/> IH. <input type="checkbox"/> II. <input type="checkbox"/> IJ. <input type="checkbox"/> IK. <input type="checkbox"/> IL. <input type="checkbox"/> IM. <input type="checkbox"/> IN. <input type="checkbox"/> IO. <input type="checkbox"/> IP. <input type="checkbox"/> IQ. <input type="checkbox"/> IR. <input type="checkbox"/> IS. <input type="checkbox"/> IT. <input type="checkbox"/> IU. <input type="checkbox"/> IV. <input type="checkbox"/> IW. <input type="checkbox"/> IX. <input type="checkbox"/> IY. <input type="checkbox"/> IZ. <input type="checkbox"/> JA. <input type="checkbox"/> JB. <input type="checkbox"/> JC. <input type="checkbox"/> JD. <input type="checkbox"/> JE. <input type="checkbox"/> JF. <input type="checkbox"/> JG. <input type="checkbox"/> JH. <input type="checkbox"/> JI. <input type="checkbox"/> JJ. <input type="checkbox"/> JK. <input type="checkbox"/> JL. <input type="checkbox"/> JM. <input type="checkbox"/> JN. <input type="checkbox"/> JO. <input type="checkbox"/> JP. <input type="checkbox"/> JQ. <input type="checkbox"/> JR. <input type="checkbox"/> JS. <input type="checkbox"/> JT. <input type="checkbox"/> JU. <input type="checkbox"/> JV. <input type="checkbox"/> JW. <input type="checkbox"/> JX. <input type="checkbox"/> JY. <input type="checkbox"/> JZ. <input type="checkbox"/> KA. <input type="checkbox"/> KB. <input type="checkbox"/> KC. <input type="checkbox"/> KD. <input type="checkbox"/> KE. <input type="checkbox"/> KF. <input type="checkbox"/> KG. <input type="checkbox"/> KH. <input type="checkbox"/> KI. <input type="checkbox"/> KJ. <input type="checkbox"/> KK. <input type="checkbox"/> KL. <input type="checkbox"/> KM. <input type="checkbox"/> KN. <input type="checkbox"/> KO. <input type="checkbox"/> KP. <input type="checkbox"/> KQ. <input type="checkbox"/> KR. <input type="checkbox"/> KS. <input type="checkbox"/> KT. <input type="checkbox"/> KU. <input 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type="checkbox"/> MD. <input type="checkbox"/> ME. <input type="checkbox"/> MF. <input type="checkbox"/> MG. <input type="checkbox"/> MH. <input type="checkbox"/> MI. <input type="checkbox"/> MJ. <input type="checkbox"/> MK. <input type="checkbox"/> ML. <input type="checkbox"/> MM. <input type="checkbox"/> MN. <input type="checkbox"/> MO. <input type="checkbox"/> MP. <input type="checkbox"/> MQ. <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MT. <input type="checkbox"/> MU. <input type="checkbox"/> MV. <input type="checkbox"/> MW. <input type="checkbox"/> MX. <input type="checkbox"/> MY. <input type="checkbox"/> MZ. <input type="checkbox"/> NA. <input type="checkbox"/> NB. <input type="checkbox"/> NC. <input type="checkbox"/> ND. <input type="checkbox"/> NE. <input type="checkbox"/> NF. <input type="checkbox"/> NG. <input type="checkbox"/> NH. <input type="checkbox"/> NI. <input type="checkbox"/> NJ. <input type="checkbox"/> NK. <input type="checkbox"/> NL. <input type="checkbox"/> NM. <input type="checkbox"/> NN. <input type="checkbox"/> NO. <input type="checkbox"/> NP. <input type="checkbox"/> NQ. <input type="checkbox"/> NR. <input type="checkbox"/> NS. <input type="checkbox"/> NT. <input type="checkbox"/> NU. <input type="checkbox"/> NV. <input type="checkbox"/> NW. <input type="checkbox"/> NX. <input type="checkbox"/> NY. <input type="checkbox"/> NZ. <input type="checkbox"/> OA. <input type="checkbox"/> OB. <input type="checkbox"/> OC. <input type="checkbox"/> OD. <input type="checkbox"/> OE. <input type="checkbox"/> OF. <input type="checkbox"/> OG. <input type="checkbox"/> OH. <input type="checkbox"/> OI. <input type="checkbox"/> OJ. <input type="checkbox"/> OK. <input type="checkbox"/> OL. <input type="checkbox"/> OM. <input type="checkbox"/> ON. <input type="checkbox"/> OO. <input type="checkbox"/> OP. <input type="checkbox"/> OQ. <input type="checkbox"/> OR. <input type="checkbox"/> OS. <input type="checkbox"/> OT. <input type="checkbox"/> OU. <input type="checkbox"/> OV. <input type="checkbox"/> OW. <input type="checkbox"/> OX. <input type="checkbox"/> OY. <input type="checkbox"/> OZ. <input type="checkbox"/> PA. <input type="checkbox"/> PB. <input type="checkbox"/> PC. <input type="checkbox"/> PD. <input type="checkbox"/> PE. <input type="checkbox"/> PF. <input type="checkbox"/> PG. <input type="checkbox"/> PH. <input type="checkbox"/> PI. <input type="checkbox"/> PJ. <input type="checkbox"/> PK. <input type="checkbox"/> PL. <input type="checkbox"/> PM. <input type="checkbox"/> PN. <input type="checkbox"/> PO. <input type="checkbox"/> PP. <input type="checkbox"/> PQ. <input type="checkbox"/> PR. <input type="checkbox"/> PS. <input type="checkbox"/> PT. <input type="checkbox"/> PU. <input type="checkbox"/> PV. <input type="checkbox"/> PW. <input type="checkbox"/> PX. <input type="checkbox"/> PY. <input type="checkbox"/> PZ. <input type="checkbox"/> QA. <input type="checkbox"/> QB. <input type="checkbox"/> QC. <input type="checkbox"/> QD. <input type="checkbox"/> QE. <input type="checkbox"/> QF. <input type="checkbox"/> QG. <input type="checkbox"/> QH. <input type="checkbox"/> QI. <input type="checkbox"/> QJ. <input type="checkbox"/> QK. <input type="checkbox"/> QL. <input type="checkbox"/> QM. <input type="checkbox"/> QN. <input type="checkbox"/> QO. <input type="checkbox"/> QP. <input type="checkbox"/> QQ. <input type="checkbox"/> QR. <input type="checkbox"/> QS. <input type="checkbox"/> QT. <input type="checkbox"/> QU. <input type="checkbox"/> QV. <input type="checkbox"/> QW. <input type="checkbox"/> QX. <input type="checkbox"/> QY. <input type="checkbox"/> QZ. <input type="checkbox"/> RA. <input type="checkbox"/> RB. <input type="checkbox"/> RC. <input type="checkbox"/> RD. <input type="checkbox"/> RE. <input type="checkbox"/> RF. <input type="checkbox"/> RG. <input type="checkbox"/> RH. <input type="checkbox"/> RI. <input type="checkbox"/> RJ. <input type="checkbox"/> RK. <input type="checkbox"/> RL. <input type="checkbox"/> RM. <input type="checkbox"/> RN. <input type="checkbox"/> RO. <input type="checkbox"/> RP. <input type="checkbox"/> RQ. <input type="checkbox"/> RR. <input type="checkbox"/> RS. <input type="checkbox"/> RT. <input type="checkbox"/> RU. <input type="checkbox"/> RV. <input type="checkbox"/> RW. <input type="checkbox"/> RX. <input type="checkbox"/> RY. <input type="checkbox"/> RZ. <input type="checkbox"/> SA. <input type="checkbox"/> SB. <input type="checkbox"/> SC. <input type="checkbox"/> SD. <input type="checkbox"/> SE. <input type="checkbox"/> SF. <input type="checkbox"/> SG. <input type="checkbox"/> SH. <input type="checkbox"/> SI. <input type="checkbox"/> SJ. <input type="checkbox"/> SK. <input type="checkbox"/> SL. <input type="checkbox"/> SM. <input type="checkbox"/> SN. <input type="checkbox"/> SO. <input type="checkbox"/> SP. <input type="checkbox"/> SQ. <input type="checkbox"/> SR. <input type="checkbox"/> SS. <input type="checkbox"/> ST. <input type="checkbox"/> SU. <input type="checkbox"/> SV. <input type="checkbox"/> SW. <input type="checkbox"/> SX. <input type="checkbox"/> SY. <input type="checkbox"/> SZ. <input type="checkbox"/> TA. <input type="checkbox"/> TB. <input type="checkbox"/> TC. <input type="checkbox"/> TD. <input type="checkbox"/> TE. <input type="checkbox"/> TF. <input type="checkbox"/> TG. <input type="checkbox"/> TH. <input type="checkbox"/> TI. <input type="checkbox"/> TJ. <input type="checkbox"/> TK. <input type="checkbox"/> TL. <input type="checkbox"/> TM. <input type="checkbox"/> TN. <input type="checkbox"/> TO. <input type="checkbox"/> TP. <input type="checkbox"/> TQ. <input type="checkbox"/> TR. <input type="checkbox"/> TS. <input type="checkbox"/> TT. <input type="checkbox"/> TU. <input type="checkbox"/> TV. <input type="checkbox"/> TW. <input type="checkbox"/> TX. <input type="checkbox"/> TY. <input type="checkbox"/> TZ. <input type="checkbox"/> UA. <input type="checkbox"/> UB. <input type="checkbox"/> UC. <input type="checkbox"/> UD. <input type="checkbox"/> UE. <input type="checkbox"/> UF. <input type="checkbox"/> UG. <input type="checkbox"/> UH. <input type="checkbox"/> UI. <input type="checkbox"/> UJ. <input type="checkbox"/> UK. <input type="checkbox"/> UL. <input type="checkbox"/> UM. <input type="checkbox"/> UN. <input type="checkbox"/> UO. <input type="checkbox"/> UP. <input type="checkbox"/> UQ. <input type="checkbox"/> UR. <input type="checkbox"/> US. <input type="checkbox"/> UT. <input type="checkbox"/> UY. <input type="checkbox"/> UZ. <input type="checkbox"/> VA. <input type="checkbox"/> VB. <input type="checkbox"/> VC. <input type="checkbox"/> VD. <input type="checkbox"/> VE. <input type="checkbox"/> VF. <input type="checkbox"/> VG. <input type="checkbox"/> VH. <input type="checkbox"/> VI. <input type="checkbox"/> VJ. <input type="checkbox"/> VK. <input type="checkbox"/> VL. <input type="checkbox"/> VM. <input type="checkbox"/> VN. <input type="checkbox"/> VO. <input type="checkbox"/> VP. <input type="checkbox"/> VQ. <input type="checkbox"/> VR. <input type="checkbox"/> VS. <input type="checkbox"/> VT. <input type="checkbox"/> VU. <input type="checkbox"/> VV. <input type="checkbox"/> VW. <input type="checkbox"/> VX. <input type="checkbox"/> VY. <input type="checkbox"/> VZ. <input type="checkbox"/> WA. <input type="checkbox"/> WB. <input type="checkbox"/> WC. <input type="checkbox"/> WD. <input type="checkbox"/> WE. <input type="checkbox"/> WF. <input type="checkbox"/> WG. <input type="checkbox"/> WH. <input type="checkbox"/> WI. <input type="checkbox"/> WJ. <input type="checkbox"/> WK. <input type="checkbox"/> WL. <input type="checkbox"/> WM. <input type="checkbox"/> WN. <input type="checkbox"/> WO. <input type="checkbox"/> WP. <input type="checkbox"/> WQ. <input type="checkbox"/> WR. <input type="checkbox"/> WS. <input type="checkbox"/> WT. <input type="checkbox"/> WY. <input type="checkbox"/> WZ. <input type="checkbox"/> XA. <input type="checkbox"/> XB. <input type="checkbox"/> XC. <input type="checkbox"/> XD. <input type="checkbox"/> XE. <input type="checkbox"/> XF. <input type="checkbox"/> XG. <input type="checkbox"/> XH. <input type="checkbox"/> XI. <input type="checkbox"/> XJ. <input type="checkbox"/> XK. <input type="checkbox"/> XL. <input type="checkbox"/> XM. <input type="checkbox"/> XN. <input type="checkbox"/> XO. <input type="checkbox"/> XP. <input type="checkbox"/> XQ. <input type="checkbox"/> XR. <input type="checkbox"/> XS. <input type="checkbox"/> XT. <input type="checkbox"/> XU. <input type="checkbox"/> XV. <input type="checkbox"/> XW. <input type="checkbox"/> XX. <input type="checkbox"/> XY. <input type="checkbox"/> XZ. <input type="checkbox"/> YA. <input type="checkbox"/> YB. <input type="checkbox"/> YC. <input type="checkbox"/> YD. <input type="checkbox"/> YE. <input type="checkbox"/> YF. <input type="checkbox"/> YG. <input type="checkbox"/> YH. <input type="checkbox"/> YI. <input type="checkbox"/> YJ. <input type="checkbox"/> YK. <input type="checkbox"/> YL. <input type="checkbox"/> YM. <input type="checkbox"/> YN. <input type="checkbox"/> YO. <input type="checkbox"/> YP. <input type="checkbox"/> YQ. <input type="checkbox"/> YR. <input type="checkbox"/> YS. <input type="checkbox"/> YT. <input type="checkbox"/> YU. <input type="checkbox"/> YV. <input type="checkbox"/> YW. <input type="checkbox"/> YX. <input type="checkbox"/> YY. <input type="checkbox"/> YZ. <input type="checkbox"/> ZA. <input type="checkbox"/> ZB. <input type="checkbox"/> ZC. <input type="checkbox"/> ZD. <input type="checkbox"/> ZE. <input type="checkbox"/> ZF. <input type="checkbox"/> ZG. <input type="checkbox"/> ZH. <input type="checkbox"/> ZI. <input type="checkbox"/> ZJ. <input type="checkbox"/> ZK. <input type="checkbox"/> ZL. <input type="checkbox"/> ZM. <input type="checkbox"/> ZN. <input type="checkbox"/> ZO. <input type="checkbox"/> ZP. <input type="checkbox"/> ZQ. <input type="checkbox"/> ZR. <input type="checkbox"/> ZS. <input type="checkbox"/> ZT. <input type="checkbox"/> ZU. <input type="checkbox"/> ZV. <input type="checkbox"/> ZW. <input type="checkbox"/> ZX. <input type="checkbox"/> ZY. <input type="checkbox"/> ZZ.		24. REMARKS Authorize travel and full shipment of effects as indicated. ETD 5/30 ROE 4/15/59 PER:PCO:WROS: [Redacted]	

14

Form DS-1032
Exception to 29-60
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL

A1950

☒ FS ☐ DFTL

1. NAME (Mr., Mrs., Miss, given name, middle initial and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
FSR-5 \$8965		\$9900		
8. POSITION TITLE <i>Diplomatic or Consular Title</i>				
9. SCHEDULE, SERIES NO., GRADE, SALARY				
10. ORGANIZATIONAL DESIGNATION <i>Post</i>		Nogales		
11. HEADQUARTERS				
12. DS CATEGORY <i>FS Category</i>				
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> TO-POINT <input type="checkbox"/> Disab. <input type="checkbox"/> Other <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX M	16. APPROPRIATION FROM TO 9A-4011	17. RETIREMENT COVERAGE CSG <input type="checkbox"/> FS <input type="checkbox"/> <input type="checkbox"/> SICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
ENTRANCE PERFORMANCE RATING				
21. Signature of DSIC Administrator				

Exemption to SF-53 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		ROUTING 1. WROS 2. ARA 3. AAB		4. 10/25/54 5. 3 6. TRANS 7. 11		SERVICE 8. 10 9. 11 10. 12 11. 13	
1. NAME (Mr., Mrs., One given name, initial (s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO. 7-26-59		4. DATE OF REQUEST 3-26-59	
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-#11) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED TDR B. APPROVED 7-26-59		7. C.S. OR OTHER LEGAL AUTHORITY	
PRO [Redacted] DS-1032 Nogales Date 2/20/7 BY [Signature]		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, GRADE, NO., GRADE, BAGGAGE PSR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS Department 12. DE CATEGORY FSS-Category		TO [Redacted]		13. VETERAN PRECEDENCE NONE 5-PT. 10-PT. 15-PT. 20-PT. 25-PT. 30-PT. 35-PT. 40-PT. 45-PT. 50-PT. 55-PT. 60-PT. 65-PT. 70-PT. 75-PT. 80-PT. 85-PT. 90-PT. 95-PT. 100-PT.	
14. FULL STAFFING ALLOTMENT YES NO FROM TO		15. POSITION CLASSIFICATION/ACTION NEW VICE REAL Group I-c		16. ONE M		17. RETIREMENT YES NO NO	
18. APPROPRIATION FROM: 9A-4011 TO: 9A-3025		19. LEGAL RESIDENCE CLAIMED PROVED STATE		20. RESERVE STATUS ACTIVE INACTIVE		21. MARITAL STATUS MARRIED SINGLE WIDOWED WIDOW DIVORCED SEPARATED	
22. REQUESTED BY (Name and title) TJudd, Chief, WROS - T M Judd		23. REQUEST APPROVED BY Signature and title DPDowns, Asst. Chief, PSR/POD		24. CLEARANCES INITIAL OR SIGNATURE DATE		25. REPLACEMENT OR EMPL INITIAL OR SIGNATURE DATE	
26. CEIL OR POS. CONTROL DATE		27. APPROVED BY AAB		28. DATE 3/31/59		REMARKS	
29. TRAVEL AUTHORIZATION OBJECT CLASS ESTIMATED COST PER/FC ENCUMBRANCE FUNDS AVAILABLE DIRECT DEPENDENTS AND DATE OF BIRTH OF CHILDREN UNDER 21 FROM TO Nogales Washington, DC VIA DETAILS ENROUTE NO. LBS. EXCESS BAGGAGE BOTH SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC							
REMARKS Authorize travel and full shipment of effects as indicated. ETD 5/30 POD [Signature] PER: POD: WROS: [Signature]							

Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

☒ PS ☐ DPTL

1. NAME (Mr., Mrs., Miss, One given name, initial(s) and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS -107	4. DATE 2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
FSR-5 \$8965		FSR-4 \$9900		
8. POSITION TITLE Diplomatic or Consular Title		Nogales		
9. SCHEDULE, SERIES NO., GRADE, SALARY				
10. ORGANIZATIONAL DESIGNATIONS Post				
11. HEADQUARTERS				
12. DS CATEGORY <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		13. POSITION CLASSIFICATION ACTION <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
14. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> Disab. <input type="checkbox"/> Other <input type="checkbox"/>		15. DATE OF APPOINTMENT 9A-4011		
16. SEX M		17. RETIREMENT COVERAGE CSB <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		
18. APPROPRIATION FROM 9A-4011		19. DATE OF APPOINTMENT MENT ATTORNEYS (Accession Only)		
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN STATE:				

21. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

URGENT

100-4011-100-4011-100-4011

100-4011-100-4011-100-4011

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Step No.						
NOGALES		AL-50		9										
Employee's Name				Grade and Salary		Prepared		Audited by						
SHAW ROBERT T				FSR 8 2000										
PAY ROLL CHANGE DATA														
	A. Base Non-Fica	C. Prom. Non-Fica	B. Base Fica	D. Prom. Fica	F. C.S.R.	U. F.S.R.	T. F.S.V.	G. Fed. Tax	BOND H. Ded. J. Ret.	P. State Tax	E. Fica	V. Other	S. Life Insurance	Not Pay
P. N.														
N. N.														
P. P.														
P. P.														
App.														
Alt.														
REMARKS:														
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase														
Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating satisfactory or not										
7-1-36	7-27	2600	2900	<div style="text-align: center; font-size: 2em; font-weight: bold;">WILLIAM STUART</div>										
LWOP data (fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP)										
				<input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.										
<input type="checkbox"/> No excess LWOP. Total excess LWOP				Initials of Clerk										
DS-1042a Form approved by Comp. Gen., U.S., June 29, 1934														

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SHAW ROBERT T

PAY RAISE 25TH CONGRESS FOR A FROM 2000 TO 2900

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 31a and 31b)

PER 215

I, Robert Tyler Shaw (Name in full) (-Arizona) Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw
(Type name of appointee)

(Signature of appointee)

Subscribed and sworn before me this 19th day of August, A. D. 1957.

at Nogales, Sonora, Mexico.

Service No. 22863

Item No. 58

Post Nil

(SHAW)

Chester H. Kirey
(Signature of official)

American Consul

Consul of the United States of America

Department of State Foreign Service of the U.S., Nogales, Sonora, Mexico
(Department of State) (Signature of official) (Place of employment)

Consul of the United States of America
(Signature of official)

August 5, 1957
(Date of appointment)

NOTE:--If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ FS ☐ DTCL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-28-25	3. JOURNAL OR ACTION NO. FS -49	4. DATE 8-12-57
--	------------------------------------	---	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Change of	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	------------------------------------	---

FROM:

TO:

8. POSITION TITLE

Diplomatic or Com-
munications Title

9. SCHEDULE, SERIES
NO., GRADE,
SALARY

FSR-5

\$7900

10. ORGANIZATIONAL
DESIGNATIONS

Post

Regales

11. HEADQUARTERS

12. DS CATEGORY

FS Category

☐ FIELD

☐ DEPARTMENTAL

☐ Regular

☐ Resident

☐ Non-US

☐ FIELD

☐ DEPARTMENTAL

☐ Regular

☐ Resident

☐ Non-US

13. VETERAN'S PREFERENCE

None ☐ 5-Y ☐ 10-Y ☐ 15-Y

Other ☐ Other ☐

14. POSITION CLASSIFICATION ACTION

NEW ☐ VICE ☐ L ☐ A ☐ REAL ☐

1-1011-009

15. BY

16. APPROVATION

8

TO

8A-8011

17. SIGNATURE OF

18. DATE OF SIGNATURE

19. (REAL EVIDENCE)

20. (REAL EVIDENCE)

21. (REAL EVIDENCE)

22. (REAL EVIDENCE)

23. (REAL EVIDENCE)

24. (REAL EVIDENCE)

25. (REAL EVIDENCE)

26. (REAL EVIDENCE)

27. (REAL EVIDENCE)

28. (REAL EVIDENCE)

29. (REAL EVIDENCE)

30. (REAL EVIDENCE)

31. (REAL EVIDENCE)

32. (REAL EVIDENCE)

33. (REAL EVIDENCE)

34. (REAL EVIDENCE)

35. (REAL EVIDENCE)

36. (REAL EVIDENCE)

37. (REAL EVIDENCE)

38. (REAL EVIDENCE)

39. (REAL EVIDENCE)

40. (REAL EVIDENCE)

41. (REAL EVIDENCE)

42. (REAL EVIDENCE)

43. (REAL EVIDENCE)

44. (REAL EVIDENCE)

45. (REAL EVIDENCE)

46. (REAL EVIDENCE)

47. (REAL EVIDENCE)

48. (REAL EVIDENCE)

49. (REAL EVIDENCE)

50. (REAL EVIDENCE)

51. (REAL EVIDENCE)

52. (REAL EVIDENCE)

53. (REAL EVIDENCE)

54. (REAL EVIDENCE)

55. (REAL EVIDENCE)

56. (REAL EVIDENCE)

57. (REAL EVIDENCE)

58. (REAL EVIDENCE)

59. (REAL EVIDENCE)

60. (REAL EVIDENCE)

Designated:

7-3-57

Confirmed:

8-5-57

Attested:

8-5-57

Execute SF-61a &

in accordance with 1 FAM-IV 124.

L. L. COMBS

PERSONNEL ACTION

PERSONNEL FOLDER

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF **ARMY**

REQUEST FOR PERSONNEL ACTION

ROUTINE **ARMY**

SERVICE ☐ PL ☐ OPTL

1. NAME (Mr., Mrs., etc., One given name, initial(s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-13-25

3. REQUEST NO.
8-5-57

4. DATE OF REQUEST
5-29-57

5. NATURE OF ACTION REQUESTED:
PROMOTION (Specify why: Appointment, promotion, etc.)

6. EFFECTIVE DATE
8-5-57

7. C.E. OR OTHER LEGAL AUTHORITY

8. POSITION (Specify whether establish, change grade or title, etc.)

FROM: **Norales**

TO: **Norales**

9. POSITION TITLE AND NUMBER
Diplomatic or Consular Title

10. SCHEDULE, SERIES NO., GRADE, SALARY

11. ORGANIZATIONAL DESIGNATIONS
Post

12. HEADQUARTERS

13. DE CATEGORY
PSS Category

14. FIELD ☐ DEPARTMENTAL ☐ RESIDENT ☐

15. FIELD ☐ DEPARTMENTAL ☐ RESIDENT ☐

16. VETERAN PREFERENCE
None

17. POSITION CLASSIFICATION ACTION
NO 1-1011-009

18. RETIREMENT COVERAGE
None

19. DATE OF APPOINTMENT
None

20. LEGAL RESIDENCE
None

21. RESERVE STATUS
None

22. MARITAL STATUS
None

23. REQUESTED BY (Name and title)
Paul L. Gault

24. REQUEST APPROVED BY (Signature and title)
S. P. Lafoon

25. CLEARANCES
None

26. PLACEMENT OR EMPL.
None

27. APPROVED BY
None

REMARKS:
1. PERSONAL AND CONFIDENTIAL TO WHOMSOEVER

Nominate: **7-3-57**

Confirmed: **8-5-57**

Attested: **8-5-57**

Request for Travel Authorization

DATE: **7-3-57**

TO: **None**

FROM: **None**

REASON: **None**

APPROVED BY: **None**

DATE: **None**

REMARKS: **None**

REQUEST FOR TRAVEL AUTHORIZATION

DATE: **7-3-57**

TO: **None**

FROM: **None**

REASON: **None**

APPROVED BY: **None**

DATE: **None**

REMARKS: **None**

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Map No.	
EMPLOYEE'S NAME		8886		Grade and Salary		Prepared by		Audited by	
ROBERT T. SHAW		89712		VPR-5 \$7,900					
PAY ROLL CHANGE DATA									
	A	C	B	D	E	F	G	H	I
	Comp. Non-Fed.	Penn. Non-Fed.	Comp. Fed.	Penn. Fed.	CSA	PSA	FSV	Inc.	Life Insurance
P									
N									
N									
P									
P									
Age									
AS									
REMARKS:									
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other description Effective Date: 7/1/57 Date last increased: 3/17/56 Old salary rate: \$7,650 New salary rate: \$7,900 Performance rating: LL-EXCELLENT Signature or other authority shown: _____ LWOP date (if in appropriate space covers LWOP during following period): Period (s): <input type="checkbox"/> No excess LWOP Total excess LWOP: _____ Check applicable box in case of excess (WOP): <input type="checkbox"/> Is pay status at end of waiting period. <input type="checkbox"/> Is (WOP) status at end of waiting period. Initial of Clerk: _____ PS-1012 Form approved by Comp. Gen., U.S., June 20, 1954 PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY									

**D-P
PUNCHED**

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56
 SHAW ROBERT T FPR 4 7490 PSP 5 7650

STANDARD FORM 118
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1950
U. S. CIVIL SERVICE COMMISSION
P. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 31a and 31b)
RECEIVED

1. ROBERT TYLER SHAW WASHINGTON D.C.
(Name in full) (State)

1950 AUG 21 PM 10 25

do solemnly swear (or affirm) that

A. OATH OF OFFICE

PERSONNEL FILES

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw
(Type name of appointee)

Robert Tyler Shaw
(Signature of appointee)

Subscribed and sworn before me this 14th day of August, A. D. 1950.

Form 03-1033
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ PS ☐ DFTL

1. NAME (Mr., Mrs., One given name, initial, and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS 148	4. DATE 7-27-56
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Granting of		6. EFFECTIVE DATE 7-21-56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM: [Redacted] TO: [Redacted]				
8. POSITION TITLE Diplomatic or Consular Title		9. SCHEDULE, SERIES NO., GRADE, SALARY PSR-4 \$7,490		
10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS Nogales		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT Disab. Other		14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. REAL		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only) 1-10-11-009		
17. APPROPRIATION FROM WA 9011		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: WA		
19. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval of the United States Civil Service Commission or the Department.				
20. Nominations: 7-17-56. Confirmed: 7-21-56. Attested: 7-21-56.				
Execute SF-61a in accordance with 1 PCM IV 124 as [Redacted]				
21. SIGNATURE OR OTHER AUTHENTICATIONS [Redacted]				

Form DS-1557 - Supplement to SF 52 Approved by the Bureau of the Budget May 1956		DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM 1/27 ARA 1/30 PER-Green 5/1		AAB 5-31 TRANS III		SERVICE <input type="checkbox"/> OFF	
1. NAME (Mr., Mrs., Miss, etc. (see given name, initial(s), and surname)) Mr. Robert T. SHAW				2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 6-27-56	
5. HISTORY OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, reassignment, etc.) Granting of				6. EFFECTIVE DATE A. PROPOSED: B. ASAP. 7-21-56		7. C.A. OR OTHER LEGAL AUTHORITY			
8. POSITION TITLE AND NUMBER Diplomatic or Consular Title				9. SCHEDULE, SERIES NO., GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DS CATEGORY FSS Category			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% Yes				14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> S. A. <input type="checkbox"/> REAL <input type="checkbox"/>		15. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) NO 1-1011-009			
16. MARITAL STATUS MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>				17. RETIREMENT COVERAGE MILITARY <input type="checkbox"/> CIVIL <input type="checkbox"/> NONE <input type="checkbox"/>		18. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> POWERED <input type="checkbox"/> STATE: Va.			
19. REQUEST APPROVED BY Signature and title Charles W. Bass PER/EM Charles W. Bass				20. CLEARANCES INITIAL OR SIGNATURE DATE		21. PLACEMENT OR EMPL.			
22. APPROVED BY PER/EM 5/1/56				23. APPROVED BY PER/EM 5/1/56		24. APPROVED BY PER/EM 5/1/56			
25. REMARKS Exempt SF-61 in accordance with 1 FPMR 124 as VNA Comp of the USA Presidential Commission Necessary.									
26. TRAVEL AUTHORIZATION DATE CLASS PERIOD PURPOSE APPROVED DATE SIGNATURE				27. TRAVEL AUTHORIZATION DATE CLASS PERIOD PURPOSE APPROVED DATE SIGNATURE					
28. TRAVEL AUTHORIZATION DATE CLASS PERIOD PURPOSE APPROVED DATE SIGNATURE				29. TRAVEL AUTHORIZATION DATE CLASS PERIOD PURPOSE APPROVED DATE SIGNATURE					

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

I, Robert T. Shaw, Virginia
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States; and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw

(Type name of appointee)

R. T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 17th day of May, A. D. 1956.

at Washington, D.C.
(City) (State)

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Exception to SF-50
Approved by the
Director of the Bureau
May 1966

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIALS

☒ FS ☐ DFTL

1. NAME (Mr., Mrs., Miss, etc. and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw		6-18-25	PSA 9	5-3-56
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Limited Appointment		5/17/56	Section 522.1 PL 724a-79th	
FROM:		TO:		
8. POSITION TITLE				
Diplomatic or Consular Title				
9. SCHEDULE, SERIES NO., GRADE, SALARY		PSR-4 \$7490		
10. ORGANIZATIONAL DESIGNATIONS		Nogales		
11. HEADQUARTERS				
12. DS CATEGORY		13. VETERAN'S PREFERENCE		
FS Category		NONE S-PT 10-POINT		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> X		
<input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US				
14. POSITION CLASSIFICATION ACTION		1-1011-009		
NEW VICE I. A. REAL				
15. SEX		16. APPROPRIATION		
M		FROM TO 6A-8011		
17. RETIREMENT COVERAGE		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		
XOSC <input type="checkbox"/> FS <input type="checkbox"/> PICA <input type="checkbox"/> NONE		5/17/56		
19. LEGAL RESIDENCE		STATE: VA.		
<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED				
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Execute SF-61a				
Marital status - Married - Three				
Reserve status - None				
ENTRANCE PREFERENCE RATING				
21. SIGNATURE OF OTHER AUTHORITY				

PERSONNEL FOLDER

OSPD: 104-2347

Form DS-1031 Exemption to SF-32 Approved by the Bureau of the Budget May 1954		DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM 7/2 ARA 4/30 PER-Green 5/1		AAB 5-2 TRANS		SERVICE XX PS. <input type="checkbox"/> DPTL																																																				
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mr. Robert T. SHAW				2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 6-27-56																																																				
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Limited Appointment Section 522.1 B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED ASAP B. APPROVED		7. C.E. OR OTHER LEGAL AUTHORITY																																																						
FROM: <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT				8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERVICE NO., GRADE, SALARY FSB-4 10. ORGANIZATIONAL DESIGNATIONS NOGALES 11. HEADQUARTERS <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL 12. DS CATEGORY <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT		\$7490 Approved as an exception - 5/1/56 - <i>[Signature]</i>																																																						
13. VETERAN PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-PT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> YES				14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. REAL <input type="checkbox"/> NO 1-1011-009		15. SEX M																																																						
16. APPROPRIATION FROM: TO: 6A-8011				17. RETIREMENT COVERAGE XX CSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE <input type="checkbox"/>		18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.																																																				
20. RESERVE STATUS None <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE				21. MARITAL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED		22. REQUEST APPROVED BY <i>[Signature]</i> Charles W. Bass PER/EM Charles W. Bass																																																						
23. REQUESTED BY <i>[Signature]</i> PER/EM Charles W. Bass				24. CLEARANCES INITIAL OR SIGNATURE [Signature] DATE 5/1/56		25. CLEARANCES INITIAL OR SIGNATURE [Signature] DATE 5/1/56		26. PLACEMENT OR EMPL. PER/TR MB. Bass 5/1/56 PER 5-1-56																																																				
27. C.E. OR POS. CONTROL Authorized 5/1/56				28. CLASSIFICATION Authorized 5/1/56		29. APPROVED BY PER/EM Charles W. Bass																																																						
REMARKS: * See separate DS-1031 for Commissioning for Vice Consul - <i>[Signature]</i>																																																												
<table border="1"> <tr> <td rowspan="5">REQUEST FOR TRAVEL AUTHORIZATION</td> <td>OBJECT CLASS</td> <td>ESTIMATE & COST</td> <td>PER TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>WIVES OF DEPENDENTS AND SATES OF BIRTH OF CHILDREN UNDER 21</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td></td> <td>APPR.</td> <td>W-Janet L.</td> <td>Arlington, Va.</td> <td>Nogales</td> </tr> <tr> <td></td> <td></td> <td>ALLOT.</td> <td>D-Barbara L.</td> <td>VIA</td> <td>DETAILS ENROUTE</td> </tr> <tr> <td></td> <td></td> <td>ORIG. NO.</td> <td>7-27-52</td> <td>NO LBS. EXCESS BAGGAGE AUTH.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>DATE</td> <td>8-Richard W.</td> <td>SHIPMENT OF EFFECTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td>SIGNATURE</td> <td>9-10-55</td> <td>FROM: Arlington, Va.</td> <td>TO: Nogales</td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> <td>S-Thomas R.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>T. O. DATE</td> <td></td> <td>9-10-55</td> <td></td> <td></td> <td></td> </tr> </table>										REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE & COST	PER TO ENCUMBRANCE FUNDS AVAILABLE	WIVES OF DEPENDENTS AND SATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO			APPR.	W-Janet L.	Arlington, Va.	Nogales			ALLOT.	D-Barbara L.	VIA	DETAILS ENROUTE			ORIG. NO.	7-27-52	NO LBS. EXCESS BAGGAGE AUTH.				DATE	8-Richard W.	SHIPMENT OF EFFECTS				SIGNATURE	9-10-55	FROM: Arlington, Va.	TO: Nogales		TOTAL		S-Thomas R.					T. O. DATE		9-10-55			
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	TOTAL		S-Thomas R.																																																									
	T. O. DATE		9-10-55																																																									
REMARKS: Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.																																																												

STANDARD FORM 104
REVISED SEPTEMBER 1954
U. S. CIVIL SERVICE COMMISSION
GPM CHAPTERS 11, 12, AND 13

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
Shaw, Robert T.					6/18/25							
4. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY	
FOREIGN SERVICE		49	OCT	19	52	FEB	6		2	3	18	
FOREIGN SERVICE		52	MAY	28	54	JULY	30		2	2	3	
DEPT. OF DEFENSE, WASH.		54	JUL	31	56	APR	6		1	8	6	
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.?)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY	
U.S. ARMY		43	SEP	11	45	MAR	8	HON.	1	5	25	
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE 7 7 25		
TYPE IF KNOWN (LWOP, Full, Susp. AWOL, Mar Mar)		FROM—			TO—			TOTAL				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time and was it acquired?)										13. NONCREDITABLE SERVICE (Leave purposes only):		
										14. NONCREDITABLE SERVICE (RIF purposes only):		
										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. EOD May 17, 1956 (DATE) Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (CITY) (STATE) S R A L NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

15-67429-8

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

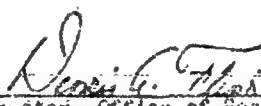
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐



Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBds:Grace:atw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as ~~CONFIDENTIAL~~ USE ONLY ~~CONFIDENTIAL~~ of attachments.

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

<p>1. Kind of position applied for or name of examination</p> <p>2. Option (1) (if mentioned in examination announcement)</p> <p>3. Place of employment applied for (city and State) Foreign Service</p> <p>4. Name (Last, first, middle, and maiden, if any) Robert Tyler Shaw</p> <p>5. Street and City or post office</p> <p>6. Place of birth Washington</p> <p>7. Date of birth (month, day, year) 18 June 1925</p> <p>8. Height without shoes 5 feet 7 inches</p> <p>9. Weight 140 pounds</p> <p>10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>11. Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single</p>	<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <p>Material</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p> </td> <td style="width: 33%;"> <p>Interest</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Returned</p> </td> <td style="width: 33%;"> <p>Review</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Option</th> <th>Grade</th> <th>Exam Rating</th> <th>Preference (Points)</th> <th>Augm. Rating</th> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 3 Points (100%)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Points (Comp. Div.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Points</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Disal.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </table> <p>12. Legal or voting residence (State) Virginia</p> <p>13. If you have ever been employed by the Federal Government, indicate last grade and dates of service in that grade GS-12 From July 1954 To present</p> <p>14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ 5 per month. You will not be considered for any position with a lower minimum salary.</p> <p>B. Have you ever been a Federal employee? Indicate the lowest grade you will accept</p> <p>C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months?</p> <p>D. Are you willing to travel? <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequently? <input type="checkbox"/> Constantly?</p> <p>E. Will you accept appointment <input type="checkbox"/> in Washington, D. C.? <input type="checkbox"/> anywhere in United States? <input checked="" type="checkbox"/> Outside U. S.?</p> <p>F. Do you accept appointment only in certain locations, list them:</p> <p>15. MILITARY EXPERIENCE. A. If you claim 5-point preference based on war or military service, indicate:</p> <p>Date of entry into active service September 1943 Date of separation March 1945 Branch of service Army Social Security Number 11-00-0000000</p> <p>B. Do you claim 4-point preference as a peacetime campaign veteran?</p> <p>C. Do you claim 3-point preference?</p> <p>D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? If so, indicate below the office which granted this preference to you. Attach your notice of preference allowance if available. It will be returned to you.</p> <p>Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners: _____ Address of Commission office or Board of Examiners: _____</p> <p>City: _____ State: _____</p> <p>16. SIGNATURE OF APPLICANT (To be filled in by the APPLICANT ONLY) The applicant certifies that the information furnished is true and correct and that the applicant is not under any legal disability which would prevent the applicant from being employed by the Federal Government.</p> <p>Signature: _____ Agency: _____</p> <p>18b</p>	<p>Material</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p>	<p>Interest</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Returned</p>	<p>Review</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p>	Option	Grade	Exam Rating	Preference (Points)	Augm. Rating				<input type="checkbox"/> 3 Points (100%)					<input type="checkbox"/> 10 Points (Comp. Div.)					<input type="checkbox"/> Other 10 Points					<input type="checkbox"/> Disal.					<input type="checkbox"/> Being Investigated	
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			<input type="checkbox"/> Being Investigated																															

Robert T. Shaw
18 June 1925

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor	
Salary or earnings Salary \$ 2400 per year Total \$ 3600 per year		Place of employment City Cincinnati State Ohio	
Name and address of employer (firm, organization, etc.) Proctor & Gamble		Kind of business or organization (Manufacturing, distributing, service, etc.) Soap and chemical manufacture	
Name and title of immediate supervisor Carl Frantz, Chief			
Reason for leaving Desire for Foreign Service			
Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.			
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.			
17. SPECIAL QUALIFICATIONS AND SKILLS.			
(A) Licenses and permits (state the kind of license or certificate and the State or other issuing authority with granted it, for example, pilot, dentist, electrician, lawyer, sales representative, C. P. A., etc.) Kind of license _____ Issuing authority _____ (B) List any special skills you possess and machines and equipment you can use, such as short wave radio, motorcycle, typewriter, key-punch, turret lathe, portable or professional daycar.		(C) List any special qualifications not covered elsewhere in your report, such as: (1) Your more important publications. (Do not exceed 250 words.) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.	
(D) Approximate number of words per minute in: Typing _____ Handwriting _____		(5) Phi Beta Kappa	
18. EDUCATION.			
A. State the highest elementary or high school grade completed 12 If you completed high school, give date 1943		B. Name and location of the high school attended:	
C. Name and location of college or university:		Dates attended:	
The Ohio State University		Mar 43 - Sept 43	
The Ohio State University		Mar 43 - Sept 43	
University of Arizona		Sept 43 - Oct 43	
D. List undergraduate college courses:		Credit hours:	
Spanish		Spanish	
Political Science		Political Science	
E. (List all other training, such as trade, technical, Armed Forces or business. Give dates and location of school, dates attended, courses studied, results, or other pertinent data.) Jan. '44-May '44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.			
F. Have you ever received a foreign language award?			
Spanish		French	

[illegible]

Form 100-100
Exception to SF-50
Approved by the
Bureau of the Budget
May 1955

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Mrs., Miss, etc. (given name, initial(s) and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. SHAW		6/18/25	PS 20	12/9/54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE OOB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
PS-9 35079		Quayagull		
8. POSITION TITLE AND NUMBER Diplomatic or Consular Title		9. SCHEDULE, SERIES NO., GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS		
12. DS CATEGORY PS Category		13. FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US <input type="checkbox"/>		
14. VETERAN'S PREFERENCE CODE S.P. 10. POINT Disch Other		15. POSITION CLASSIFICATION ACTION GEN VICE I. A. REAL		
16. GEN M		17. APPROPRIATION FROM TO 5A-4011		
18. RETIREMENT COV. ERAGE <input type="checkbox"/> CAC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		19. DATE OF APPOINT. BEST AFFIDAVIT (Attachments Only)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Employment status-Indefinite				
All leave transferred.				
Address: Robert T. Shaw				
[Redacted Address]				
[Redacted Signature]				
22. [Redacted]				

100-100-100-100

PERSONNEL FOLDER

100-100-100-100

674

PERSONNEL ACTION WORK SHEET				DATE OF REQUEST 7-20-54		ACTION CONTROL	
				EFFECTIVE DATE		NO.	ROUTING
				PROPOSED	ACTUAL	DATE	
NAME (Last) (First) (Middle)				DATE OF BIRTH	SEX		
SHAW Robert T.				6-12-25	M		
NATURE OF ACTION				PREJUDICE			
ALLEGEDLY - RECORDING SURVEILLANCE - RELOCATION WITHOUT							
PRESENT STATUS (From)				RECOMMENDED STATUS (To)		FOR AAB	
						7/28	
FUNCTIONAL TITLE				STATE OF LEGAL RESIDENCE			
DIP. CONS. OR OTHER TITLE							
POST				RETIREMENT DEDUCTIONS			
Guayaquil				<input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC.			
CLASS AND SALARY				SOC. SEC. NO.			
FSS-9 \$4899 upgrade (5079)				<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN			
APPROPRIATION ALLOTMENT				RESERVE STATUS			
5A-4011				<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE			
POSITION NUMBER				BRANCH OF SERVICE (Specify)			
G-11							
NATURE OF EMPLOYMENT				SERIAL NO.			
<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
NATURE OF POSITION (Check applicable box)				PRESENT MARITAL STATUS			
<input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT <input type="checkbox"/> REPLACEMENT (Name)				<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			
<input type="checkbox"/> VICE				<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED			
CONCURRENCE BY (Initials)				DATE AAB APPROVED			
REGIONAL BUREAUS OTHER AGENCIES OTHER OFFICES				LOYALTY FORMS SUBMITTED			
				<input type="checkbox"/> SP 83 <input type="checkbox"/> SP 87			
APPOINTED TO				CLEARED UNDER P.L. NO.			
<input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-US.							
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K)							
<p>Please accept Mr. Shaw's resignation in accordance with his letter of 7-19-54 (attached). Reasons: Continue post-graduate studies.</p> <p>EDJA 5-26-52 Arrival at post: 6-19-52</p> <p>Signature of Approving Officer: [Signature] Operations Officer, ARA</p>							
REQUEST FOR TRAVEL AUTHORIZATION							
OBJECT CLASS	ESTIMATED COST	PER/PTC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS FROM AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO		
0206	1500	APPR.		Guayaquil	Arlington, Va.		
		ALLOT. 512005		VIA	DETAIL ENROUTE		
		ORIG. NO.		VAL. EXCESS BAGGAGE AUTH.	approx 5 days'		
		SIGNATURE		SHIPMENT OF EFFECTS FROM	cons w/per dies		
				Guayaquil to Arlington, Va.			
TOTAL	4520						
DATE	TRAVEL ORDER NUMBER		REMARKS				
			CS/T: Mr. Shaw has completed 5 days commutation in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from here to Tucson, Arizona and thence to Guayaquil. Authorize instead shipment of effects from Guayaquil to Arlington, Va. (place of residence on service separation listed on latest RS-416 dated 4-1-54).				
<p>Also cancel OF 31223</p>							

✓ *Wdo*
All leave transferred. 1150 forwarded. COB 7/30/54

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Robert T Shaw

~~and E. Kathryn Mallow~~ *gh*

~~Personnel Section~~



Washington, D.C.
July 19, 1954

Division of Personnel Operations

Washington 25, D.C.

Attn: [redacted]

Gentlemen:

I hereby submit [redacted]
[redacted] in which I hold the grade of Foreign Service
[redacted] This resignation is submitted in order
that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of
the close of business July 19, 1954.

It is also requested that the Administrative Officer at
my former post of duty, [redacted] be authorized to
ship a lift van containing furnishings and personal effects
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the [redacted]
[redacted] and I shall always remember with pleasure my association
with the many fine officers and clerical personnel of both
the Service and the Department.

Yours very truly,

Robert T. Shaw
Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Robert Ryan

DATE: 6 July 1954

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 18, 1925

☐ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☒ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Aron Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

William C. Brown

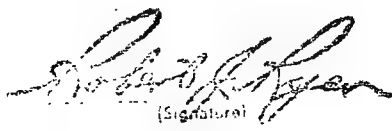
Director, Office of Security

ATTACHMENTS

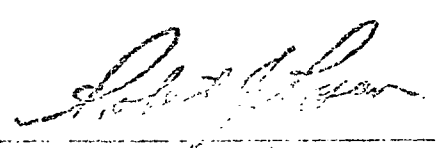
SY: W. L. FRANKLIN

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

Form 1-51 Rev. 6-1-51		OPERATION PERSONNEL Operation		DATE July 16, 1954	
NOTIFICATION OF PERSONNEL ACTION				JOURNAL NO. 82	
NAME (Last) (First) (Middle) Shaw Robert T.		DATE OF BIRTH		SEX	
NATURE OF ACTION Periodic Step Increase		EFFECTIVE DATE June 20, 1954		DATE OF OATH	
FUNCTIONAL TITLE Same		FROM		TO	
DIPLOMATIC OR CONSULAR TITLE					
POST Guayaquil					
CLASS AND SALARY PSS-9 \$4899				PSS-9 \$5079	
APPROPRIATION ALLOTMENT				5A-4011	
POSITION NUMBER					
NATURE OF EMPLOYMENT		PERM.	INDEF.	LIM.	TEMP.
		FULL PART	PERM.	INDEF.	LIM.
		TEMP.	FULL PART	PERM.	INDEF.
REGULAR STAFF		LEGAL RESIDENCE		CITY	
RESIDENT U.S. STAFF				STATE	
LOCAL NON-U.S.					
VETERAN		BRANCH OF SERVICE		RETIREMENT DEDUCTIONS	
NON-VETERAN		MILITARY RESERVE STATUS		MARITAL STATUS	
		READY		CHILDREN	
		STAND-BY		DEPENDENTS	
ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.					
REMARKS:					
(Signature) _____ (Title) _____					

PERSONNEL ACTION					DATE June 5, 1953 JOURNAL NO. 147				
NAME (Last) (First) (Middle) Zhav Robert T.					DATE OF BIRTH				
This is to notify you of the following action concerning your employment					LEGAL AUTHORITY				
NATURE OF ACTION PERIODIC STEP INCREASE					EFFECTIVE DATE June 7, 1953				
FROM					TO				
FUNCTIONAL TITLE					same				
DIP. CONSULAR OR OTHER TITLE					Guayaquil				
POST					FSS-9 \$4899				
CLASS AND SALARY FSS-9 \$4719					3A 2011				
APPROPRIATION LOTMENT					same				
POSITION NUMBER					same				
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS		YES	REGULAR STAFF		NATURE OF POSITION				
		NO	LOCAL STAFF		NEW				
VETERAN					ADDITIONAL				
NON-VETERAN		NON-US			REALLOCATION				
SEX		MARITAL STATUS, CHILDREN, AND DEPENDENTS			LEGAL RESIDENCE				
<p>Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p> <p>.. .. .</p> <p>Last salary increase May 23, 1952.</p> <p>Performance rating meets required standards.</p>									
2					 (Signature)				
TITLE									

FOLDER

		78		DATE Dec. 5, 1952	
PERSONNEL ACTION				JOURNAL NO. 21	
(Last)		(First)		(Middle)	
NAME SHAW		Robert		T.	
This is to notify you of the following action concerning your employment				LEGAL AUTHORITY	
NATURE OF ACTION Change in Title				EFFECTIVE DATE Dec. 5, 1952	
FROM		TO			
FUNCTIONAL TITLE					
DIP., CONSULAR OR OTHER TITLE					
POST		Guayaquil		Guayaquil	
CLASS AND SALARY					
APPROPRIATION ALLOTMENT					
POSITION NUMBER					
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
				Indef	
RETIREMENT DEDUCTIONS		YES	NO	REGULAR STAFF	NATURE OF POSITION
		X			
VETERAN NON-VETERAN		NON-US		LOCAL STAFF	NEW
					ADDITIONAL
				REALLOCATION	VICE (name)
SEX Male		MARITAL STATUS, CHILDREN, AND DEPENDENTS		LEGAL RESIDENCE	
		Married-1			
Conditions and requirements: Above action and continuance of status affected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.					
REMARKS:					
<div style="text-align: right;">  (Signature) </div>					
TITLE					

vnu

PERSONNEL ACTION						DATE: May 19, 1952	
						JOURNAL NO 18	
(last)		(first)		(middle)		DATE OF BIRTH	
NAME Bhaw,		Robert		T.		June 18, 1925	
LEGAL AUTHORITY						FL 724 79th	
This is to notify you of the following action concerning your employment						SERVICE	
NATURE OF ACTION						EFFECTIVE DATE	
Indefinite Appointment NO 10180						5/28/52	
FROM						TO	
FUNCTIONAL TITLE							
DIP., CONSULAR OR OTHER TITLE							
POST							
CLASS AND SALARY							
APPROPRIATION ALLOTMENT							
POSITION NUMBER							
NATURE OF EMPLOYMENT		PERMANENT		TEMPORARY		OTHER	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
RETIREMENT DEDUCTIONS		YES <input checked="" type="checkbox"/>		NO		NATURE OF POSITION	
VETERAN		<input checked="" type="checkbox"/>		NON-VETERAN		NEW <input type="checkbox"/>	
NON-VETERAN		ARMY		NAVY		ADDITIONAL <input type="checkbox"/>	
SEX		Male		Married		LEGAL RESIDENCE	
						Arizona	
<p>Conditions and requirements: Above action and continuance of status effected thereby 'are' subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS: Items: a, b, c, d, e, 1(614) m. No military reserve status. Forms 85 and 97 submitted to BY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post.</p> <p>93/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. [redacted] Wife: From Arlington, Va. [redacted] Tucson, Shipment of effects: From Arlington, Va. and/Arizona Jane [redacted] wife.</p>							
2							
TITLE							

CIVIL OFFICIAL
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw Arizona
(Name in full) (State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw Robert T. Shaw
(Type name of appointee) (Sign as appointee)

Subscribed and sworn before me this 28th day of May, A. D. 1952,
at Washington, D.C.

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)

SHAW, ROBERT T.

2. DATE OF BIRTH

18 JUNE 25

3. RETENTION GROUP

10. CSC STATUS (For permanent employees only)

☐ YES ☐ NO

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)

NAME AND LOCATION OF AGENCY

FROM—

TO—

TYPE OF APPOINTMENT IF KNOWN

YEAR MONTH DAY

YEAR MONTH DAY

11. SERVICE

YEAR MONTH DAY

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH

FROM—

TO—

DISCHARGE (Hon. or dishon.?)

YEAR MONTH DAY

YEAR MONTH DAY

5. DURING PERIODS OF EMPLOYMENT CHOSEN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, See Mar)

FROM—

TO—

TOTAL

YEAR MONTH DAY

YEAR MONTH DAY

YEARS MONTHS DAYS

13. NONCREDITABLE SERVICE (Leave purposes only)

14. NONCREDITABLE SERVICE (RIF purposes only)

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?

☐ YES ☒ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

15. REEMPLOYMENT RIGHTS

☐ YES ☐ NO

16. RETENTION RIGHTS

☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

7. ARE YOU:

A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO

C. THE UNBORN AND WIDOW OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Sept 28, 1954
(DATE)

Robert T. Shaw
(SIGNATURE)

Subscribed and sworn to before me on this _____ day of _____ 1952 at _____

(COUNTY)

(CITY)

(STATE)

SEAL

William M. Hallen
(NOTARY PUBLIC)

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

19-50429-1

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace
FROM : SY - Mr. Donald L. Nicholson *212*
SUBJECT: SHAW, Robert Tyler

DATE: April 29, 1952

Investigation of subject has been conducted with results as indicated below.

SECURITY:

- (X) Security clearance is given for appointment or continued employment.
- () Security clearance of subject is not given.
- () This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

- () Investigation reveals personnel information which you may desire to review prior to appointment.
- (X) Investigation discloses that the subject has been cleared under E. O. 9835.
- () Investigation has verified subject's satisfactory service with armed forces.
- () Investigation has been completed as required by Public Law , Congress.
- () Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate cancelling of this security clearance, you will be so advised.
- () Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC:SY:HML:inneman;cfs

1000000
1
CIT BUREAU NO. 47-8077.3
APPROVAL EXPIRES AUGUST 31, 1936

1. a. NAME (Print)

Robert Tyler SHAW

b. n. FULL NAME OF SPOUSE (if wife, give maiden name)

Janet L. SHAW (wife)

c. DATE OF BIRTH

12 April 1927

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

f. NAMES OF DEPENDENTS

RELATIONSHIP

DATE OF BIRTH

WILL BE LIVED WITH YOU, OR THEM?

Janet L. SHAW

wife

12 April 1927

YES

NO

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Circle YES or NO)
FATHER ☐ YES ☐ NO MOTHER ☐ YES ☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?
☐ YES ☐ NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

FORM 52-214 5-22-57		PAGE 2		
14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES				
NAME	RELATIONSHIP	ADDRESS		
NONE				
15. FOREIGN LANGUAGES (Replace item 14 on Form 57)				
Name and indicate the extent of your competence, i.e. Excellent, Good, Fair				
A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:				
A. BUSINESS B. EMPLOYMENT C. MILITARY				
17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS				
DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY	
18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED		
19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.				
20. PRESENT MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.				
21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 10 ON FORM 57.				
22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? (23. SOCIAL SECURITY NUMBER, IF ANY.)				
X NO				
24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.				
DATE		SIGNATURE		
		Robert E. Green		

STANDARD FORM 57 NOV 1947
U S CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOY. J

INSTRUCTIONS: In order to protect the integrity of your application process, every question on the form should be completed. If you write on point in INK. In applying for a U.S. Armed Forces Land Service examination, read the examination form, answer each item and follow the directions. If you are applying for a **WENTZEN** examination, follow the

statements on the differences and regarding disposition of this application. If you are applying for an INNOVATION examination, mail this application to the office named in the acknowledgment. Be sure to mail to the same office any other forms required by the acknowledgment. Notify the office with which you file this application of any change in your address.

NAME OF EXAMINEE IN FULL (Last, first, middle initial)
NAME OF EXAMINEE IN FULL (Last, first, middle initial)

1. DATE OF EXAMINATION (month, day, year)

2. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

3. DATE OF THIS APPLICATION

4. FULL NAME (First name) (Middle) (Middle, if any) (Last)
5. STREET ADDRESS
6. CITY OR TOWN
7. STATE
8. DATE OF BIRTH (month, day, year)
9. PLACE OF BIRTH (city and State, if born outside U.S., name city and country)
10. SEX
11. HEIGHT (feet and inches)
12. WEIGHT (pounds)
13. HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?
14. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?
(b) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR
1 TO 3 MONTHS **3 TO 6 MONTHS** **6 TO 12 MONTHS**
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.
(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY
OCCASIONALLY **FREQUENTLY** **CONTINUALLY**

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only

APPROVAL **MATERIAL** **INTEREST REGISTER**
☐ APPROVED ☐ SUBMITTED ☐ INTEREST REGISTER
☐ REJECTED ☐ RETURNED

NOTATIONS **APP. REVIEW**

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	ADJUST RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining briefly the principal tasks which you performed in each position and the results of your performance. Do not exceed a total of 15 positions, unless a longer list is required by the agency. Do not include positions held for less than 1 year, unless they are of special importance. Do not include positions held for less than 1 year, unless they are of special importance. Do not include positions held for less than 1 year, unless they are of special importance.

(a) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED.
☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(b) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. PRESENT POSITION

DATE OF EMPLOYMENT (month, year)	NAME AND TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (as in Federal Service)	SALARY (by law or contract)	PER
			STARTING \$	
			PRESENT \$	

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, not individual)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

REASON FOR LEAVING TO CHECK EMPLOYMENT

(CONTINUED ON NEXT PAGE)

48 - January 2010

14-00000 FROM PLACE OF EMPLOYMENT (City and State)		TO NAME AND ADDRESS OF EMPLOYER (Name, designation, or position, if Federal, State Department, Bureau or establishment, and location) NAME AND KIND OF EMPLOYER SUPERVISED OF YOU DESIGNATION OF YOUR WORK	
(If you are a member of the Armed Forces, Navy, Marine Corps, or Coast Guard, give the name of the service, branch, or unit, and the name of the command or station.)		(If you are a member of the Armed Forces, Navy, Marine Corps, or Coast Guard, give the name of the service, branch, or unit, and the name of the command or station.)	

11. I hereby declare under oath that the foregoing is true and correct. I am not a member of the Communist Party, nor am I a member of any organization which advocates the overthrow of the Government of the United States by force or violence. I am not a member of any organization which advocates the commission of any crime, nor am I a member of any organization which advocates the commission of any act which is prohibited by the laws of the United States.

I am signing this application which asks me to state only what I have answered. All questions correctly.

I CERTIFY that the statements made by me in this application are true and correct and were true to the best of my knowledge and belief, and are made in good faith.

Make statement of this application as prescribed by the Law (U.S. Code Title 18, Section 238).

SIGNATURE OF APPLICANT

My commission expires on this date: _____

STANDARD FORM 57 - NOV 1947 U.S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT	
<p>INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service position, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>		<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p>	
<p>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</p>		<p>ENTERED REGISTER</p>	
<p>2. OFFICE (if mentioned in examination announcement)</p>		<p><input type="checkbox"/> APPROV. <input type="checkbox"/> SUBMITTED</p>	
<p>3. CITY AND STATE</p>		<p><input type="checkbox"/> NON APPROV. <input type="checkbox"/> RETURNED</p>	
<p>4. DATE OF THIS APPLICATION</p>		<p>NOTATIONS</p>	
<p>5. NAME (First name) (Middle) (Surname, if any) (Last)</p>		<p>APP. REVIEW</p>	
<p>WAS WISS Robert Tyler SHAW</p>			

(CONTINUED ON NEXT PAGE)

④ DATES OF EMPLOYMENT (month, year) FROM _____ TO _____ PLACE OF EMPLOYMENT (city and state) _____		NAME AND TITLE OF YOUR SUPERVISOR _____ (If Federal, insert "Federal") STARTING DATE _____ END DATE _____
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal name, department, bureau or establishment, and division) _____		NAME AND TITLE OF IMMEDIATE SUPERVISOR _____ TYPE OF BUSINESS OR OPERATION (e.g., wholesale work, insurance, agency, manufacture of books, etc.) _____
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____		REASON FOR LEAVING _____
SIGNATURE OF YOUR SELF _____		

读 者 注 意


If more than one person was located at the place on the date given, write on each sheet your name, address, date of birth, and examination date. Write in to make of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

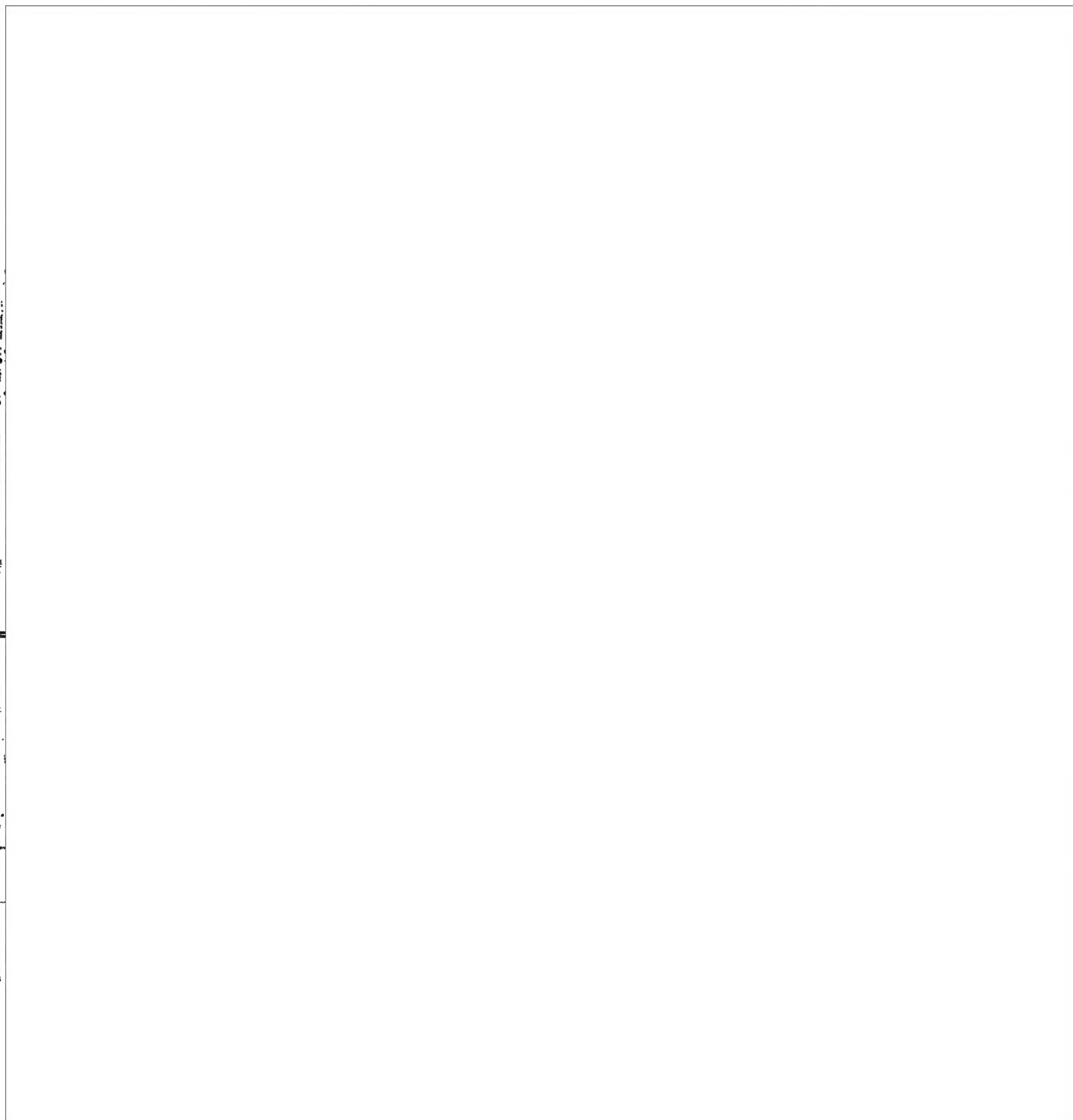
False statements on this application are punishable by Law (U. S. Co.).

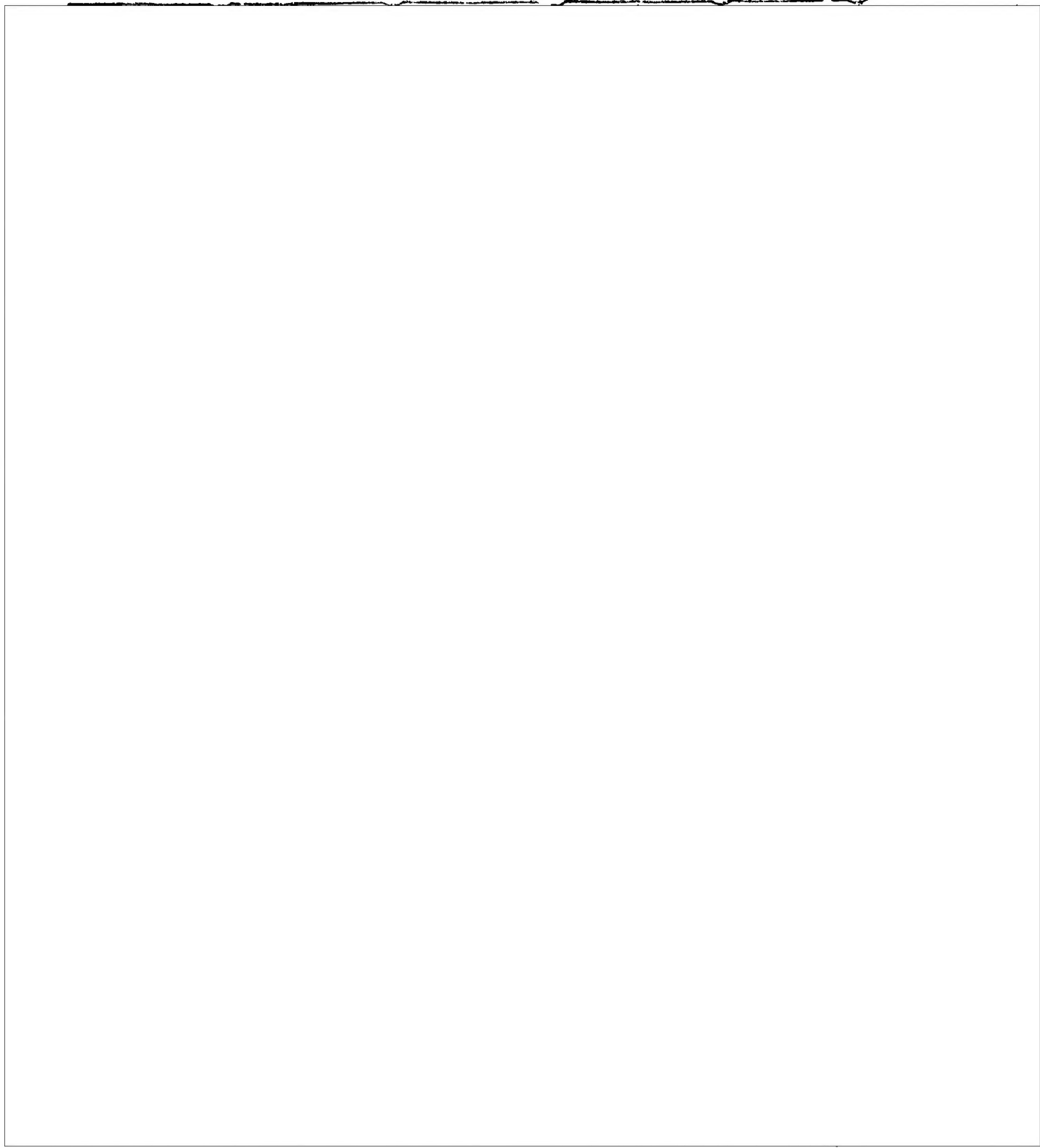
Title 18, Section 1001.

 SIGNATURE OF APPLICANT

Robert T. Slaw

When you come to the end of the line, write "More" or "No more" at the end of the line. If you write "More", you must write "More" at the end of the line. If you write "No more", you must write "No more" at the end of the line.





14-00000

FIM/cb

